

<p style="text-align: right;">Page 1</p> <p style="text-align: center;">IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF OHIO WESTERN DIVISION</p> <p style="text-align: center;">---</p> <p>Planned Parenthood of : Greater Ohio, et al., :</p> <p style="text-align: center;">:</p> <p>Plaintiffs, :</p> <p style="text-align: center;">:</p> <p>vs. : Case No. 1:16-cv-539</p> <p style="text-align: center;">:</p> <p>Richard Hodges, et al., :</p> <p style="text-align: center;">:</p> <p>Defendants. :</p> <p style="text-align: center;">---</p> <p style="text-align: center;">DEPOSITION</p> <p>of 30(b)(6) witnesses Diego Espino, Barbara Singhaus, and Iris Harvey, taken before me, Valerie J. Grubaugh, Registered Merit Reporter, and a Notary Public in and for the State of Ohio, at the offices of Vorys, Sater, Seymour & Pease, 52 East Gay Street, Columbus, Ohio, on Friday, July 8th, 2016, at 9:30 a m.</p> <p style="text-align: center;">---</p> <p style="text-align: center;">ARMSTRONG & OKEY, INC. 222 East Town Street, Second Floor Columbus, Ohio 43215-4620 (614) 224-9481 - (800) 223-9481 FAX - (614) 224-5724</p> <p style="text-align: center;">---</p>	<p style="text-align: right;">Page 3</p> <p style="text-align: center;">1 Friday Morning Session, 2 July 8th, 2016. 3 --- 4 STIPULATIONS 5 It is stipulated by and between counsel 6 for the respective parties that the deposition of 7 30(b)(6) witnesses Diego Espino, Barbara Singhaus, 8 and Iris Harvey, called by the Defendants under the 9 applicable Rules of Civil Procedure, may be reduced 10 to writing in stenotype by the Notary, whose notes 11 thereafter may be transcribed out of the presence of 12 the witnesses; and that proof of the official 13 character and qualification of the Notary is waived. 14 --- 15 16 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES: 2 Wilmer, Cutler, Pickering, Hale 3 and Dorr, LLP 4 Paul R.Q. Wolfson, Esq. 5 John Sprangers, Esq. 6 1875 Pennsylvania Avenue NW 7 Washington, DC 20006 8 Paul.wolfson@wilmerhale.com 9 On behalf of the Plaintiffs. 10 Michael DeWine, Esq. 11 Ohio Attorney General 12 By Ryan L. Richardson, Esq. 13 Tiffany L. Carwile, Esq. 14 Constitutional Offices Section 15 30 East Broad Street, 16th Floor 16 Columbus, Ohio 43215 17 ryan.richardson@ohioattorneygeneral.gov 18 tiffany.carwile@ohioattorneygeneral.gov 19 On behalf of the Defendants. 20 Ohio Department of Health 21 Lisa Eschbacher, Esq. 22 246 North High Street 23 Columbus, Ohio 43215 24 Lisa.eschbacher@odh.ohio.gov 25 ---</p>	<p style="text-align: right;">Page 4</p> <p>1 INDEX 2 --- 3 WITNESSES: PAGE 4 Diego Espino 5 Examination by Ms. Richardson 5 6 Barbara Singhaus 7 Examination by Ms. Richardson 134 8 Examination by Mr. Wolfson 252 9 Further examination by Ms. Richardson 255 10 Iris Harvey 11 Examination by Ms. Richardson 257 12 --- 13 DEPOSITION EXHIBITS IDENTIFIED 14 1 - Notice of Rule 30(b)(6) 33 15 2 - Plaintiff responses to interrogatories 104 16 3 - Complaint 118 17 --- 18 19 20 21 22 23 24 25</p>

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1 Diego Espino,
2 being by me first duly sworn, as hereinafter
3 certified, deposes and says as follows:

EXAMINATION

4
5 By Ms. Richardson:

6 Q. Good morning.

7 A. Good morning.

8 Q. And we did not yet get a chance to meet.

9 A. No.

10 Q. My name is Ryan Richardson and I work at
11 the Ohio Attorney General's office, and I'm here
12 today representing the Ohio Department of Health, the
13 defendant in this case.

14 Have you ever been deposed before today?

15 A. I have not.

16 Q. Well, to begin, I'll just go over some
17 of the basic ground rules before we get started. As
18 you probably know, I'll be asking you a series of
19 questions during the time that you're here today.
20 Your counsel will be making objections for the
21 record.

22 Unless your counsel expressly instructs
23 you not to answer the question, those objections are
24 just for the record and you'll be able to go ahead
25 and answer the question.

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1 If at any point in time you don't
2 understand something that I've asked you, just let me
3 know and I will be happy to stop and rephrase the
4 question. If you answer a question I've asked, then
5 I'm going to assume that you have in fact understood
6 it. Is that fair?

7 A. Yes.

8 Q. As you can see, we have a Court Reporter
9 here, so that means a couple of things. First we
10 need to try to speak slowly so we don't make her life
11 miserable. We also need to make sure that we don't
12 talk over each other.

13 So I'll ask that you wait until I finish
14 my question before you answer, and I'll try to do the
15 same.

16 We also need to make sure that we answer
17 audibly, so no head nodding or any other visual
18 gestures that she won't be able to pick up for the
19 transcript.

20 A. Okay.

21 Q. And if at any point in time you feel
22 like you need to take a break, let me know, we can
23 take as many breaks as we need to. The only thing
24 that I ask is that you wait until you've answered the
25 pending question before we take a break.

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1 A. Sounds good.

2 Q. Are you under any medications or is
3 there any other reason that you would not be able to
4 answer truthfully and completely today?

5 [REDACTED]
6 [REDACTED]
7 Q. Great. Perfect. One last sort of

8 ground rule just to clarify before we get started. I
9 do not intend today to ask you for any personal
10 identifying information about any patients that you
11 may work with, so if something that I ask makes you
12 believe that you would be required to reveal that
13 information, please let me know and we'll make sure
14 that we rephrase so we don't elicit that information.

15 A. Okay.

16 Q. Any questions before we get started?

17 A. No.

18 Q. So first if you could just explain to me
19 for the record what your current position is for
20 Planned Parenthood of Greater Ohio.

21 A. Okay. I am currently the Vice-President
22 of Community Engagement at Planned Parenthood of
23 Greater Ohio. In that capacity I oversee the
24 Education and Outreach programs of the organization.
25 The Education and Outreach Director

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1 reports to me. That is the position that oversees
2 the local allocation managers throughout the State.

3 Q. Thank you. And how long have you been
4 in that position?

5 A. Since last year, I believe February or
6 March of last year. Prior to that I was the
7 education director.

8 Q. So that would be February or March of
9 2015?

10 A. That's correct.

11 Q. And prior to that you were the Education
12 and Outreach Director?

13 A. Correct.

14 Q. And how long were you in that position?

15 A. For almost five years.

16 Q. So approximately 2000, somewhere in the
17 2000 range you would have begun in that position; is
18 that correct?

19 A. I began in that position --

20 Q. I'm sorry, 2010?

21 A. 2008, yes.

22 Q. So from 2008 to 2015 approximately you
23 were the Education and Outreach Director?

24 A. Yes.

25 Q. And what did you do prior to that?

2 (Pages 5 to 8)

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1 A. I was the education manager.

2 Q. And what is an education manager?

3 A. So an education manager oversees the
4 education programs locally; the structure we have
5 where education managers oversee local programs in
6 the area where they are based.

7 So I was based in the Columbus area as
8 an education manager for four years.

9 Q. And just to clarify for the record, you
10 were an education manager for Planned Parenthood of
11 Greater Ohio?

12 A. So let me -- if you will allow me, let
13 me backtrack chronologically so it might make more
14 sense.

15 Q. Thank you.

16 A. So in 2004 I started as Community Health
17 Educator for Planned Parenthood of Central Ohio.

18 Q. Thank you.

19 A. Four years after that, in 2008, I became
20 education manager for Planned Parenthood of Central
21 Ohio. I was in that position for four years.

22 In 2012 I became the -- what is now the
23 Education and Outreach Director. Back then it was
24 called the statewide education director, but it was
25 the same function, similar functions.

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1 Q. And so when did you first become
2 involved in any capacity with any of the Planned
3 Parenthood organizations?

4 A. 2004 as community health educator;
5 June 14, 2004.

6 Q. And what did you do prior to joining
7 Planned Parenthood in 2004?

8 A. I was a student. That was my first job.

9 Q. Okay. Great. Thank you.

10 A. My first professional job.

11 Q. And --

12 A. I had other part-time jobs, but that was
13 my first professional job.

14 Q. Thank you. And if you could just
15 briefly describe your educational background.

16 A. So I graduated from high school in 2000,
17 in Los Angeles, and I decided to come to college to
18 Ohio, Ohio -- attending Ohio Wesleyan for four years,
19 and just one month after college I found a job at
20 Planned Parenthood.

21 Q. You decided to stay in tropical Ohio.

22 A. Yes. And so from 2004 -- 2004 to today
23 I've been involved with Planned Parenthood.

24 Q. Thank you. So I'd like to focus now on
25 your current role. And I think you began to describe

Page 10

1 So from 2012 when I became the statewide
2 director of education to last year, when I became the
3 VP of Community Engagement, I was working with -- for
4 Planned Parenthood of Greater Ohio.

5 Q. Thank you. And what is Planned
6 Parenthood of Central Ohio?

7 A. It's one of the pre -- the
8 organizations -- one of the Planned Parenthoods that
9 were in existence prePlanned Parenthood of Greater
10 Ohio.

11 Q. What is its relationship if any to the
12 Planned Parenthood of Greater Ohio?

13 MR. WOLFSON: I'm just going to object.
14 I think that the corporate structure issues are
15 better directed to Ms. Singhaus, but go ahead.
16 By Ms. Richardson:

17 Q. To the extent that you know.

18 A. In 2012 there were affiliates, what we
19 call Planned Parenthood Affiliates that merged to
20 form Planned Parenthood of Greater Ohio, which is the
21 current affiliate. And Planned Parenthood of Central
22 Ohio was one of those affiliates. That's my
23 limited --

24 Q. Thank you.

25 A. -- way of explaining.

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1 for me some of the general responsibilities of that
2 role.

3 If you could walk me through in a little
4 more detail what you are responsible for on a
5 day-to-day basis.

6 A. So currently as I mentioned before, I
7 supervise the Education and Outreach Director, who in
8 turn supervises the education -- the local education
9 managers throughout the organization.

10 In this role I oversee grant
11 applications, grant report submissions, so it's an
12 administrative role of the -- the Education and
13 Outreach programs.

14 Q. How many total employees report to you?

15 A. Currently there's two employees.

16 Q. And who are those two employees?

17 A. The -- names or titles?

18 Q. Titles.

19 A. The Education and Outreach Director and
20 the Managing Director of Public Affairs.

21 Q. And what does the Managing Director of
22 Public Affairs do?

23 A. She work in the public affairs
24 department conducting the work that public affairs
25 does.

<p style="text-align: right;">Page 13</p> <p>1 Q. And so would that include things like 2 press releases and other public messaging? 3 A. That would be the communications 4 department. 5 Q. Okay. So what would the public affairs 6 person do as compared to communications? 7 A. So the public affairs person will 8 oversee advocacy work that is conducted through that 9 department. 10 Q. And what types of advocacy work would 11 you include within that umbrella? 12 A. So it completely depends on what Planned 13 Parenthood Advocates of Ohio is doing. Planned 14 Parenthood Advocates of Ohio is a separate entity 15 that buys the time of the public affairs staff. 16 Q. And I'm sorry. It buys the time? 17 A. It contracts with the public affairs 18 department to purchase the time of those in that 19 department. 20 Q. So they would pay for the salaries, or 21 at least some part of the salaries of individuals 22 within the public affairs department for Planned 23 Parenthood of Greater Ohio? 24 A. Can you repeat that? 25 Q. Sure. So there's Planned Parenthood</p>	<p style="text-align: right;">Page 15</p> <p>1 Advocates of Ohio as it is locally. 2 By Ms. Richardson: 3 Q. Thank you. And for purposes of 4 hopefully shortening some of this a little bit today, 5 I think at the deposition earlier this week we 6 referred to Planned Parenthood of Greater Ohio as 7 PPGOH. Is that correct? 8 A. That is one of the ways in which we 9 refer to it. 10 Q. So if we use that terminology today, 11 we'll both understand that that's Planned Parenthood 12 of Greater Ohio? 13 A. Correct. 14 Q. Great. Perfect. Thank you. 15 And Planned Parenthood -- is it 16 Federation or Federated? 17 A. Federation. 18 Q. Federation. Which is the national 19 Planned Parenthood organization; is that correct? 20 A. It's a federation, yes. It's Planned 21 Parenthood Federation of America. It's a 22 nationwide -- 23 Q. And if we refer to that as PPFA, will we 24 both understand that to mean the national Planned 25 Parenthood organization?</p>
<p style="text-align: right;">Page 14</p> <p>1 Advocates of Ohio. Is that also known as PPAO? 2 A. Correct. 3 Q. And you said that's a separate 4 organization that would enter into contracts with 5 individuals in the public affairs department. That's 6 the public affairs Department of Planned Parenthood 7 of Greater Ohio; is that correct? 8 A. They will enter into contract with 9 Planned Parenthood of Greater Ohio, not the 10 individual. Then they -- the Planned Parenthood 11 Advocates of Ohio will reimburse Planned Parenthood 12 of Greater Ohio for the times of these people. 13 Q. Thank you for clarifying. 14 And Planned Parenthood Advocates of Ohio 15 is -- and just let me know if this is not something 16 within your area of knowledge for purposes of today's 17 deposition. But is that also an affiliate of Planned 18 Parenthood -- of the national Planned Parenthood 19 organization? 20 MR. WOLFSON: Objection. I think that 21 is probably better for Ms. Singhaus, but go ahead. 22 THE WITNESS: I am not sure of that 23 connection. I know it's a statewide organization, 24 but I don't think there is any connection between 25 Planned Parenthood Federation and Planned Parenthood</p>	<p style="text-align: right;">Page 16</p> <p>1 A. Correct. 2 Q. Thank you. And we're making our poor 3 Court Reporter's life miserable with all of these. 4 So I'd like to understand a little bit 5 more about what the education department that you 6 oversee does. And you mentioned that you oversee the 7 grant application process. 8 Would you be able to just describe 9 generally how many grants currently Planned 10 Parenthood of -- well, PPGOH covers within its 11 education department? 12 A. When you say grants, you just refer to 13 State of Ohio grants? 14 Q. Well, maybe we'll step back and I'll ask 15 it more generally. Can you just sort of describe 16 generally what the role of the education department 17 within PPGOH is? 18 A. Yes. The Education and Outreach 19 department is tasked with providing educational 20 services out in the community with the intent to 21 reduce teen pregnancy rates, the spread of SDIs, and 22 information about healthy habits among the 23 population. 24 Q. And currently how many educational 25 programs does the educational department operate or</p>

<p style="text-align: right;">Page 17</p> <p>1 provide?</p> <p>2 A. It varies from area of the state -- from</p> <p>3 area of state to area of the state. But the programs</p> <p>4 include HIV testing out in the community,</p> <p>5 comprehensive sex education, infant mortality</p> <p>6 prevention. In essence those are the three</p> <p>7 categories that you can group the programs.</p> <p>8 What is done within each of those is --</p> <p>9 again, it varies from area of the state.</p> <p>10 Q. And that kind of leads me to another</p> <p>11 question. What do you consider overall to be your</p> <p>12 coverage area?</p> <p>13 A. So that would also be another</p> <p>14 organizational question, but I can speak to you that</p> <p>15 Planned Parenthood of Greater Ohio is -- has an area</p> <p>16 of 68 of the 88 counties of Ohio.</p> <p>17 We do have educational programs in some</p> <p>18 of the cities within those 68 counties, and based on</p> <p>19 the grants that we receive from each of those areas.</p> <p>20 Q. And so let's start -- you mentioned HIV</p> <p>21 testing as one of the three general categories of</p> <p>22 education. What types of HIV testing programs does</p> <p>23 PPGOH purposely operate?</p> <p>24 A. We have -- sorry. Let me ask, do you</p> <p>25 want to just hear about the HIV testing programs that</p>	<p style="text-align: right;">Page 19</p> <p>1 specific demographic within that segment of</p> <p>2 population. All of that is predetermined in the RFP</p> <p>3 that the local government entity releases.</p> <p>4 Once we submit a competitive application</p> <p>5 and when we get the award, we follow the protocols</p> <p>6 that were outlined in that application process.</p> <p>7 So to answer your question, the work</p> <p>8 that is done within those regions follows -- it could</p> <p>9 be different, it could follow different target</p> <p>10 populations, but in essence, in general, it's</p> <p>11 providing rapid HIV testing to the target population.</p> <p>12 Q. And would these -- would this testing be</p> <p>13 offered in Planned Parenthood facilities, or would</p> <p>14 they be offered in mobile units, for example, out in</p> <p>15 the communities?</p> <p>16 A. It varies from grant to grant.</p> <p>17 Q. And so let's talk then about the grants.</p> <p>18 And now just focusing specifically on the HIV testing</p> <p>19 programs that you've just described. How many</p> <p>20 different grants is PPGOH currently receiving for</p> <p>21 those programs?</p> <p>22 A. One grant from the Canton City Health</p> <p>23 Department, one grant from the Summit County Board of</p> <p>24 Health, and one grant from the City of Cleveland</p> <p>25 Health Department. And another grant from a</p>
<p style="text-align: right;">Page 18</p> <p>1 are affected by those grants?</p> <p>2 Q. No, right now I'm talking about all of</p> <p>3 the different programs that you would operate.</p> <p>4 A. Okay. And I will only speak to the ones</p> <p>5 that -- the programs that Education and Outreach</p> <p>6 oversees, as there might be some programs that also</p> <p>7 our health services division might offer and that</p> <p>8 would be a question for Barbara.</p> <p>9 But under education, under the umbrella</p> <p>10 of Education and Outreach, we have an HIV testing</p> <p>11 program in the Canton area, an HIV testing program in</p> <p>12 the Summit County area, HIV -- two HIV testing</p> <p>13 programs in the Cuyahoga County area.</p> <p>14 Q. And can you describe to me how those</p> <p>15 testing programs work?</p> <p>16 A. Yes. When we submit an application to</p> <p>17 the local entity or local Health Department that has</p> <p>18 released an RFP, a request for proposals, we submit</p> <p>19 an application to that local government entity in</p> <p>20 where we are proposing to serve the population that</p> <p>21 they have predetermined they need the services.</p> <p>22 In that RFP the local entity also</p> <p>23 specifies how they will want the chosen entity to</p> <p>24 serve that population. It could be specific segment</p> <p>25 of the population in that region, it could be a</p>	<p style="text-align: right;">Page 20</p> <p>1 collaborative group in the -- also in the City of</p> <p>2 Cleveland.</p> <p>3 Q. And when we started this you said</p> <p>4 something about programs that were impacted. Were</p> <p>5 you referring to programs that are outlined in the</p> <p>6 statute that's being challenged in this litigation?</p> <p>7 A. I was trying to clarify for myself if</p> <p>8 that is what you were referring to, just the programs</p> <p>9 that come from state funding.</p> <p>10 Q. And so is it your understanding then</p> <p>11 that some of these programs are impacted by the law</p> <p>12 that is being challenged in this case?</p> <p>13 A. Some of them -- most of them are, yes.</p> <p>14 Q. Which ones would be impacted,</p> <p>15 specifically?</p> <p>16 A. As indicated by the letters we got from</p> <p>17 the local Health Departments announcing that we</p> <p>18 will -- they will not be able to contract with us</p> <p>19 anymore, that would be the City of Canton Health</p> <p>20 Department, the Summit County Health Department, and</p> <p>21 the City of Cleveland Health Department.</p> <p>22 Q. And so I think you had also mentioned a</p> <p>23 collaborative group based out of Cleveland.</p> <p>24 A. Uh-huh.</p> <p>25 Q. Is it your understanding that that grant</p>

<p style="text-align: right;">Page 21</p> <p>1 is not impacted?</p> <p>2 A. That is my understanding, is that</p> <p>3 funding comes directly to that collaborative group</p> <p>4 from the CDC, Centers For Disease Control</p> <p>5 information.</p> <p>6 Q. And how much funding does PPGOH receive</p> <p>7 from that CDC grant?</p> <p>8 A. I believe that from that grant we're</p> <p>9 receiving around 70- -- I don't know the exact number</p> <p>10 at this point.</p> <p>11 MR. WOLFSON: Could you clarify what you</p> <p>12 mean by 70?</p> <p>13 THE WITNESS: 70,000.</p> <p>14 By Ms. Richardson:</p> <p>15 Q. Is that per year?</p> <p>16 A. Yes.</p> <p>17 Q. Any other funding that PPGOH would</p> <p>18 receive related to its educational HIV testing</p> <p>19 programs?</p> <p>20 A. No.</p> <p>21 Q. And then I believe one of the other</p> <p>22 categories that you mentioned would be other regional</p> <p>23 categories related to infant mortality; is that</p> <p>24 correct?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">Page 23</p> <p>1 If you consider that as an infant</p> <p>2 mortality initiative, then that's also incorporated</p> <p>3 in other aspects of our education programs.</p> <p>4 Q. Thank you. And apart from the OIMRI and</p> <p>5 the LARCs program that you just mentioned, any other</p> <p>6 infant mortality prevention services that PPGOH would</p> <p>7 provide?</p> <p>8 A. In the education department?</p> <p>9 Q. In the education department.</p> <p>10 A. No.</p> <p>11 Q. Do you know whether there are programs</p> <p>12 outside of the education department that PPGOH would</p> <p>13 offer?</p> <p>14 MR. WOLFSON: Objection. Go ahead.</p> <p>15 THE WITNESS: I will say that our health</p> <p>16 services division has a comprehensive list of</p> <p>17 services that could also aid in the prevention of</p> <p>18 infant mortality.</p> <p>19 By Ms. Richardson:</p> <p>20 Q. Thank you. And then I think the third</p> <p>21 category that you mentioned was comprehensive sex</p> <p>22 education?</p> <p>23 A. Yes.</p> <p>24 Q. What programs or services does PPGOH</p> <p>25 provide under that category?</p>
<p style="text-align: right;">Page 22</p> <p>1 Q. What services or programs do you offer</p> <p>2 under that category?</p> <p>3 A. That is more limited to the Mahoning</p> <p>4 County and Trumbull County area. And those services</p> <p>5 are funded by a grant called the Ohio Infant</p> <p>6 Mortality Reduction Initiative.</p> <p>7 Q. Is that also referred to as OIMRI?</p> <p>8 A. Correct.</p> <p>9 Q. Thank you. And apart from the services</p> <p>10 that you would provide under the OIMRI program, are</p> <p>11 there any other infant mortality services that PPGOH</p> <p>12 would offer?</p> <p>13 A. Infant mortality prevention services?</p> <p>14 Q. Thank you. Yes.</p> <p>15 A. Not in the same category as these</p> <p>16 services.</p> <p>17 Q. What category would they be in?</p> <p>18 A. We could -- so for instance, when I --</p> <p>19 we could talk about programs that promote the usage</p> <p>20 of long acting reversible contraceptives, which are</p> <p>21 also known as LARCs in the type of programs.</p> <p>22 LARCs have been proven to be a way to</p> <p>23 reduce infant mortality because they promote the</p> <p>24 spread of pregnancies. Again, that has been proven</p> <p>25 to reduce infant mortality.</p>	<p style="text-align: right;">Page 24</p> <p>1 A. So under the comprehensive sex education</p> <p>2 umbrella we have -- we currently have the Personal</p> <p>3 Responsibility Education Program, also known as PREP,</p> <p>4 in three areas of the State.</p> <p>5 We also -- as part of comprehensive sex</p> <p>6 education we also provide comprehensive</p> <p>7 evidence-based education in schools in certain areas</p> <p>8 of the State, and also at universities or</p> <p>9 community-based organizations.</p> <p>10 And under that category also falls peer</p> <p>11 education programs which are programs intended to</p> <p>12 work with youth in order to prevent the spread of</p> <p>13 STIs and teen pregnancy.</p> <p>14 Q. Thank you. And the peer education</p> <p>15 programs, are those working -- I just want to make</p> <p>16 sure I heard correctly.</p> <p>17 Those are working with the people that</p> <p>18 work with youth as opposed to working with youth</p> <p>19 directly?</p> <p>20 A. Peer education program is -- the short</p> <p>21 answer is no.</p> <p>22 Q. Okay. Thank you.</p> <p>23 A. The peer education program is working</p> <p>24 with -- directly with youth in training them to</p> <p>25 become, in essence, expert on the subject matter of</p>

<p style="text-align: right;">Page 25</p> <p>1 reducing teen pregnancies and the spread of SDIs 2 among their peer groups. 3 Q. Okay. Thank you. And what about with 4 respect to the education in schools, does PPGOH 5 provide that education directly within the schools, 6 or does it provide training to educators within the 7 school? 8 A. It's a direct service to the schools. 9 Q. So in other words, would staff members 10 employed by PPGOH actually go directly into the 11 classrooms and work with students? 12 A. As requested per the school, yes. A 13 teacher would call and request a program, and our 14 staff member -- one of our staff members will go and 15 provide an evidence-based curriculum there. 16 Q. And what does an evidence-based 17 curriculum mean? 18 A. So the United States Department of 19 Health and Human Services has identified a list of 20 curricula that has been proven to reduce teenage 21 pregnancy or the spread of STIs among the population, 22 once that curriculum has been tested. And that list 23 is posted in the HSS website, Department of Health 24 and Human Services website. 25 We choose one of those curricula and we</p>	<p style="text-align: right;">Page 27</p> <p>1 that correct? 2 A. That is correct. Based on our history 3 providing the programs in that area, most school 4 districts understand our expertise on the subject 5 matter and they call for our services. 6 Q. And you mentioned that there are various 7 different grants that might apply within the sex 8 education program. Can you just walk me through what 9 grants PPGOH is currently receiving for its 10 comprehensive sex education programs? 11 A. There are private foundations that, for 12 instance, provide that funding specifically for the 13 area where the foundation is located. That's one 14 source. 15 There's also our federal Title 10 grant 16 that also allows us to provide sex education in areas 17 of the state. 18 Q. Any other funding sources? 19 A. No, just those are the grants. 20 Q. And in terms of private foundations, how 21 many grants are you currently receiving from private 22 foundations? 23 A. I really don't know the exact number. 24 And again, it varies from area of the State to area 25 of the State.</p>
<p style="text-align: right;">Page 26</p> <p>1 replicate it in the settings where we are invited to 2 come. 3 Q. Is it -- would it only be in the case of 4 the school reaching out to PPGOH that you would 5 provide that training to those schools? 6 A. As opposed to? 7 Q. In other words, I'm just trying to 8 understand, how do you select the schools in which 9 you would offer this education? 10 A. It varies. So if we, for instance, have 11 a grant that specifically says you have to provide 12 this program in these schools in this city, we will 13 have to only work with those schools, that school 14 district. 15 If the grant says this funding is to 16 provide sex education in this larger geographic area, 17 then you incorporate schools from all of those -- 18 from within that larger geographic area. 19 Q. And in that latter circumstance where 20 you have a larger area, how would you select the 21 schools in which you would offer the educational 22 program? 23 A. It is based on requests by the school. 24 Q. So the school would reach out to PPGOH 25 and specifically request those education services; is</p>	<p style="text-align: right;">Page 28</p> <p>1 Q. What about total monetary amounts for 2 the private foundations combined? 3 A. I don't have the exact amount, but I can 4 say it's an average -- because it also varies from 5 year to year. 6 Q. Sure. 7 A. And some foundations some years will not 8 fund it, some years they will. But I will say on 9 average it's about between 100,000 and 150,000. 10 Q. 100,000 to \$150,000? 11 A. I'm sorry. Yes. 12 Q. And how many different geographic 13 regions would those private foundations cover? 14 A. The greater Cleveland area, the greater 15 Columbus area, Richland County. I'm trying to think. 16 Q. Sure. Take your time. 17 A. Those are currently what we have. 18 Q. And what about with respect to the Title 19 10 grant, how does that work? 20 MR. WOLFSON: Objection to form. 21 By Ms. Richardson: 22 Q. If you understand. It was a very 23 general question, but if you can describe just 24 generally the Title 10 grant that PPGOH receives. 25 A. Title 10 is a family planning grant. It</p>

<p style="text-align: right;">Page 29</p> <p>1 was established by President Nixon to provide family 2 planning services to the population. 3 Within the Title 10 services that is 4 overseen by HHS, the Department of Health and Human 5 Services, it is stipulated that grantees incorporate 6 a community education component into this family 7 planning grant. 8 And that's how Planned Parenthood of 9 Greater Ohio incorporates educational and outreach 10 services as part of Title 10 services where we go out 11 in the community and we talk about the -- we use sex 12 education curricula to reduce teen pregnancy. 13 Q. And so I want to break that down a 14 little bit. But first of all, it sounds like this is 15 a grant that you receive directly from HHS, is that 16 accurate? 17 A. That's correct. 18 Q. And what is the amount of the funding 19 you receive under the Title 10 grant? 20 A. I don't know that number, because that 21 also incorporates health services. 22 Q. Okay. 23 A. Barbara will be able to -- 24 Q. Thank you. And is that something that 25 you have to reapply for on a particular time frame?</p>	<p style="text-align: right;">Page 31</p> <p>1 comprehensive approach to family planning, the 2 grantee should also incorporate education out in the 3 community about what the intent of the grant is, to 4 promote family planning services. 5 Q. And which communities in particular do 6 you focus on? 7 A. So the grant covers -- or the grant is 8 awarded for us to cover 18 counties in Ohio. I can 9 try to name most of them. 10 MR. WOLFSON: Why don't you wait to see 11 if you're asked that question. 12 By Ms. Richardson: 13 Q. Maybe you could just describe the sort 14 of geographic areas in which the 18 counties are 15 located, if they are all in a particular area. 16 A. So I could say the Crawford County area, 17 which is Crawford County or Richland County -- I 18 don't know if that's called northern central Ohio. 19 The Mahoning Valley area. The Stark County/Wayne 20 County area. The Lucas County area. Southern Ohio, 21 Appalachian Ohio area, and metropolitan areas like 22 Cleveland and greater Cleveland, greater Columbus, 23 and also the Lorain County area. 24 Q. And were those specific communities 25 selected by PPGOH, or were they set forth in the</p>
<p style="text-align: right;">Page 30</p> <p>1 A. It is a competitive grant, which means 2 we do have to apply. I don't know if it's every year 3 or every two years, but it is -- 4 Q. And how long have you been receiving the 5 Title 10 grant, if you know? 6 A. It varies because I believe for some 7 areas of what our affiliates cover, we were receiving 8 that grant directly from the federal government, but 9 in other areas we were receiving it from the Ohio 10 Department of Health at some point. 11 And then in the recent years we just 12 apply to the federal government to receive it 13 directly from them for all of our areas. So I'm not 14 sure of the timelines on when they changed back from 15 one source of funding to another source of funding. 16 Q. Sure. But currently you receive it all 17 directly from the federal government? 18 A. Correct. 19 Q. Is that correct? 20 A. Yes. 21 Q. And you mentioned that it requires a 22 local community component. Is that how you said it? 23 A. Yes. 24 Q. What does that mean exactly? 25 A. The grant stipulates that as part of a</p>	<p style="text-align: right;">Page 32</p> <p>1 actual Title 10 grant that came in, the 2 specifications from the federal government? 3 A. They came from specifications from the 4 grant. 5 Q. Do you know why those specific areas 6 were targeted? 7 A. I don't know exactly why the federal 8 government did that. In the RFP it is stipulated 9 that they will focus on the need, the greater need -- 10 where the greatest need is in every state throughout 11 the country. 12 Q. And so would these be things like teen 13 pregnancy rates, or would there be other sort of 14 factors that would trigger including a particular 15 county within that? 16 A. I will say that as a family planning 17 program they will most likely target family planning 18 needs such as lack of providers, high rates of 19 unintended pregnancy, high rates of STIs, sexually 20 transmitted infections. 21 Q. And we have been talking a little bit 22 about the statute that is challenged in this case, 23 and just for the record, is it your understanding 24 that that's Revised Code 3701.034? 25 A. I don't recall the exact number. I</p>

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1 refer to it as House Bill 294.

2 Q. Thank you. Okay. And if I just refer
3 to that as the law that's being challenged in this
4 case, will we both understand that that's what you
5 refer to as House Bill 294?

6 A. Yes.

7 Q. And to your understanding, which if any
8 of the sex education programs that you've just
9 described are impacted by the law that's challenged?

10 A. The ones that I just described, none of
11 them -- you did not ask me about PREP. PREP is under
12 that same category, and PREP is -- will be affected
13 by this.

14 Q. And so is it fair to say that apart from
15 PREP, none of the other education programs that PPGOH
16 offers would be affected by the challenged law?

17 MR. WOLFSON: Objection.

18 THE WITNESS: As far as we know. We
19 have not received any notice from these funders, no.
20 By Ms. Richardson:

21 Q. Okay. Thank you. And so I want to take
22 a moment -- I'm going to hand you a document that
23 we'll mark as Exhibit 1.

24 (EXHIBIT MARKED FOR IDENTIFICATION.)

25 By Ms. Richardson:

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1 Q. And I'll represent to you that this is
2 the notice for the deposition that you're here for
3 today. And feel free to take a moment to look at it
4 and just let me know when you're ready.

5 A. Okay.

6 Q. And have you seen that document prior to
7 today?

8 A. I have.

9 Q. And I'll just ask you is it your
10 understanding that you're appearing here today as a
11 30(b)(6) witness?

12 MR. WOLFSON: Objection. Go ahead.

13 THE WITNESS: Yes.

14 By Ms. Richardson:

15 Q. And is it your understanding that that
16 means that the answers that you will be giving today
17 will be answers of Planned Parenthood of Greater
18 Ohio?

19 MR. WOLFSON: Objection.

20 THE WITNESS: Yes.

21 By Ms. Richardson:

22 Q. And are you in fact prepared to talk
23 about some of the topics that are set forth in this
24 notice? And I'll direct you specifically to Schedule
25 A attached to this document.

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1 A. To some of the programs, yes.

2 Q. And I know counsel has let me know that
3 you will not be talking about all of these topics,
4 but if we could just walk through briefly to make
5 sure that I understand which ones you are prepared to
6 talk about.

7 I understand that you will not be
8 talking about item No. 1, which related to corporate
9 structure; is that correct?

10 A. That's correct.

11 Q. In terms of No. 2, which discusses
12 provision of services from PPGOH, I understand that
13 you will be talking about some services that would
14 fall under No. 2; is that correct?

15 A. That's correct.

16 Q. And can you just briefly walk me through
17 which services you will be prepared to talk about
18 today?

19 A. The HIV/AIDS initiative, and HIV
20 Prevention Program, the healthy moms, healthy babies
21 infant mortality prevention initiative, and the
22 personal responsibility education program.

23 Q. Thank you. And No. 3 relates to claims
24 and allegations set forth in your complaint. I
25 understand that you will be talking about No. 3 to

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1 the extent it relates to the programs you just
2 mentioned; is that correct?

3 A. That is correct.

4 Q. Same with respect to No. 4, that you
5 will be prepared to talk about that as it relates to
6 these programs; is that correct?

7 A. That's correct.

8 Q. And also Nos. 5 and 6 as it relates to
9 those programs?

10 A. That's correct.

11 Q. And then I understand you will not be
12 speaking with respect to No. 7, is that correct,
13 which relates to financial statements, reports,
14 plans, and other information?

15 A. That is correct.

16 Q. Okay. And --

17 MR. WOLFSON: I just want to clarify. I
18 think that Mr. Espino was prepared to talk about
19 these insofar as they related to the program-specific
20 expenses. Is that right?

21 THE WITNESS: That is correct. I will
22 be able to speak to specific program budgets, but not
23 overall agency budgets.

24 By Ms. Richardson:

25 Q. Thank you for that clarification.

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1 And No. 8, will you be testifying with
2 respect to correspondence sent or received by you or
3 any of your employees or agents that reference or
4 relate to Section 3701.034, or Substitute House Bill
5 294?

6 A. In relation to those three programs,
7 yes.

8 Q. Thank you. I understand you will not be
9 speaking about No. 9; is that correct?

10 A. That's correct.

11 Q. And it's my understanding you will be
12 speaking about No. 10 as it relates to the specific
13 programs we have been discussing; is that correct?

14 A. That is correct.

15 Q. Okay. Thank you. And can you just
16 describe generally what you have done to prepare for
17 this deposition today with respect to the topics we
18 have just gone through?

19 A. I have read the -- this document that we
20 are referring to, and I have met with our attorneys.

21 Q. And did you meet with anyone else within
22 PPGOH to prepare for your deposition today?

23 A. I met with our -- some of our staff to
24 collect some information.

25 Q. And who specifically did you meet with?

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1 A. I met with Barbara Singhaus, Isis
2 Harvey, to talk about this deposition.

3 Q. Anyone else within staff at PPGOH that
4 you spoke to in preparation for today's deposition?

5 A. No.

6 Q. And what about outside of PPGOH, was
7 there anyone else apart from counsel that you spoke
8 with to prepare for today's deposition?

9 A. No.

10 Q. Did you review any documents apart from
11 the 30(b)(6) notice that we just went through to
12 prepare for today's deposition?

13 A. I read the complaint document, and I
14 reviewed our responses to interrogatories.

15 Q. Thank you. And you're referring to the
16 complaint that was filed in this case; is that
17 correct?

18 A. Yes, that is correct.

19 Q. When did you first review the complaint
20 that was filed in this case?

21 A. I reviewed it the first time right after
22 it was submitted. I don't have the exact date.

23 Q. Were you consulted or did you review any
24 drafts of the complaint prior to the time that the
25 complaint was filed?

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1 MR. WOLFSON: And in answering that
2 question, I just want to caution you not to reveal
3 the substance of any conversations you had with
4 attorneys or in preparing for the lawsuit.

5 THE WITNESS: Okay. I was part of
6 looking at the drafts.

7 By Ms. Richardson:

8 Q. Okay. And what -- again, without
9 revealing any confidential communications from your
10 counsel, what was your role in assisting with or
11 compiling information for the filing of the
12 complaint?

13 A. I was gathering information from the
14 three programs that we were talking about earlier.

15 Q. Thank you. And so I'd like to just
16 start walking through some of these topics that are
17 listed in this complaint. And we'll start with
18 No. 2 as it relates to the programs that you are
19 prepared to talk about.

20 I'd like to understand the locations at
21 which such services either are or were provided. And
22 so let's start with -- Let's start with HIV, and I
23 understand you've started to tell me a little bit
24 about some of that.

25 First of all, can you just specify again

Page 40

1 which HIV programs PPGOH offers that you believe are
2 impacted by the law that's challenged?

3 A. Free HIV testing program in the Canton
4 area that is funded by the City of Canton Health
5 Department, the HIV testing program in the Summit
6 County area funded by Summit County Health
7 Department, and the HIV -- the free HIV testing
8 program in the greater Cleveland area that is funded
9 by the City of Cleveland Health Department.

10 Q. Thank you. And so let's focus on Canton
11 specifically first. Can you just describe
12 specifically what services PPGOH offers under that
13 grant with Canton?

14 A. We provide free HIV testing, also known
15 as rapid free HIV testing, to the population
16 specified in that grant by the Health Department, in
17 collaboration with some community partners with the
18 Health Department, itself, and also we provide that
19 service within our health center located in Canton,
20 Ohio.

21 Q. And so with respect to community
22 partners, what do you mean?

23 A. They are community-based organizations
24 that we work with that invite us to put a testing
25 event together, a free HIV testing event together

<p style="text-align: right;">Page 41</p> <p>1 with them, and we go -- there might be other services 2 being offered during that event, and Planned 3 Parenthood comes in to do HIV testing, free HIV 4 testing. 5 Q. And in that circumstance you would 6 provide the testing within the community partner -- 7 wherever the event is taking place, is that fair? 8 A. That is correct. 9 Q. And who specifically would provide the 10 HIV testing in that circumstance? 11 A. Our HIV testing specialists. 12 Q. And do you just have one testing 13 specialist? 14 A. In the Canton area, yes. 15 Q. And that person is employed by Planned 16 Parenthood of Greater Ohio? 17 A. That is correct. 18 Q. Are there particular community partners 19 that you would have these arrangements with ongoing, 20 or does it vary? 21 A. It varies. There are some of them that 22 are more frequent than others, but it varies. 23 Q. And I'm not asking for a list of your 24 specific partners, but is there a sort of general way 25 to describe them? Do they tend to fall in a</p>	<p style="text-align: right;">Page 43</p> <p>1 participate in events with community partnerships at 2 which you provide HIV testing? 3 A. In that Canton area, on average I will 4 say two to three community events per month. 5 Q. And apart from the HIV specialist that 6 you mentioned, would other employees typically attend 7 those events? 8 MR. WOLFSON: By "employees", you mean 9 PPGOH employees? 10 MS. RICHARDSON: Thank you. 11 By Ms. Richardson: 12 Q. PPGOH employees. 13 A. I'm trying to think of situations where 14 we are invited, if we ever bring anyone else. No, 15 the answer is no. 16 Q. And then I think you mentioned that in 17 some cases you work with the Health Department 18 specifically. Were you referring to the Canton 19 Health Department? 20 A. Correct. 21 Q. And can you describe generally what 22 types of services you would provide in partnership 23 with the Canton Health Department? 24 A. So there is something very popular in 25 the Canton area that -- in the HIV world that are</p>
<p style="text-align: right;">Page 42</p> <p>1 particular category? Are they nonprofit 2 organizations, are they schools, a general way -- an 3 umbrella under which they would fall if there is one? 4 A. If there is one, I would say nonprofit 5 organizations, social service agencies within that 6 category, or -- yeah, mostly social service agencies. 7 And occasions we have partnered with faith-based 8 organizations, too. 9 Q. And the social service organizations 10 that you partner with most frequently, do they focus 11 specifically on HIV, or do they have a broader 12 mission or focus? 13 A. In fact they actually don't have an 14 expertise in HIV, that is the reason why they bring 15 us in. 16 Q. And so again, continuing to focus on 17 these community partnerships, you would offer free 18 HIV testing at those events. Any other services that 19 you would provide? 20 MR. WOLFSON: Object to the form. Go 21 ahead. 22 THE WITNESS: At that particular event, 23 when we're just invited to do HIV testing, no. 24 By Ms. Richardson: 25 Q. And how often would you say you</p>	<p style="text-align: right;">Page 44</p> <p>1 called bar calls where HIV testing specialists go and 2 they -- to a chosen bar, and they provide the HIV 3 testing services right there. 4 In the case of the Cleveland City Health 5 Department, they will coordinate that with a specific 6 venue. They will call us and say we have secured 7 this venue for X date, can you please come and do the 8 HIV testing. 9 MR. WOLFSON: You said Cleveland City 10 Health Department. 11 THE WITNESS: I'm sorry, Canton. 12 By Ms. Richardson: 13 Q. In those circumstances, logistically how 14 do you provide the HIV testing? 15 A. What do you mean logistically? 16 Q. So do you have a van in which you keep 17 the HIV testing kits, or do you actually go into the 18 bars and provide the testing in the actual facility? 19 How would that work logistically? 20 A. In those circumstances the City Health 21 Department -- the Canton City Health Department would 22 already secure a private room within the venue to 23 conduct that. 24 Q. Do the participants in the program -- 25 and now I'm referring to the people who actually</p>

<p style="text-align: right;">Page 45</p> <p>1 receive the HIV testing, do they make appointments, 2 or is it just walk up when you're in the bar? 3 A. When we are in the bar they just -- it's 4 a walk-in service. 5 Q. Do you provide any kind of advertisement 6 or other materials to indicate to the public that 7 you'll be at that particular bar? 8 A. It varies from venue to venue. Some 9 venues do want us to advertise ahead of time, some 10 others don't, so it varies. 11 Q. And would that be something that the 12 venue would provide, or would there be circumstances 13 where PPGOH would provide promotional materials or 14 other advertisements? 15 A. It's also a mix of that. 16 Q. And then you mentioned that there are 17 also circumstances where the health center would 18 actually provide the free HIV testing; is that 19 correct? 20 A. No, the testing specialist will provide 21 the free HIV testing at the health center, but not -- 22 it's not incorporated into the health center 23 services. 24 Q. And so first of all, what do you mean by 25 health center?</p>	<p style="text-align: right;">Page 47</p> <p>1 Q. So under what circumstances would the 2 HIV testing specialist appear at the health center to 3 provide testing? 4 A. So the HIV testing specialist has a 5 predetermined schedule that is advertised in the 6 community when they will be available at the Planned 7 Parenthood health center to provide free HIV testing. 8 Q. And who would receive HIV testing from 9 the specialist when he or she is at the health 10 center? 11 A. Anyone who comes to -- requesting those 12 free HIV testing services. 13 Q. Is it a walk-up clinic, or would it be 14 someone who would make an appointment in advance? 15 A. You can do both for this particular 16 service. 17 Q. And would the patients receiving the HIV 18 testing also be receiving other services while they 19 are at the health center? 20 MR. WOLFSON: Objection. Go ahead. 21 THE WITNESS: From the HIV testing 22 specialist? 23 By Ms. Richardson: 24 Q. Well, we'll start with the HIV testing 25 specialist. Would they receive any other services</p>
<p style="text-align: right;">Page 46</p> <p>1 A. The Planned Parenthood health center 2 location. HIV testing specialist has a schedule 3 where they will be at the health center. 4 Q. How many health centers does PPGOH 5 operate? 6 A. In Canton or in Ohio? 7 Q. Let's start -- well, start with Canton, 8 specifically. 9 A. One. 10 Q. And how about in Ohio as a whole? 11 MR. WOLFSON: Objection. Go ahead. 12 THE WITNESS: We have 19 health centers. 13 By Ms. Richardson: 14 Q. And then you clarified that the HIV 15 specialist would actually go to the health center to 16 provide HIV testing, but that it would not be 17 incorporated within the health services. Did I 18 understand that correctly? 19 A. Yes. 20 Q. What do you mean by that? 21 A. That the HIV testing specialist will be 22 at the health center just to provide free HIV testing 23 under this grant, and the HIV testing specialist does 24 not work for the health center or do any other work 25 related to the health center.</p>	<p style="text-align: right;">Page 48</p> <p>1 from the specialist? 2 A. The specialist is a hundred percent 3 dedicated to this grant. It's fully a hundred 4 percent covered by this grant, so they do not provide 5 any other services but the services specified by the 6 grant. 7 Q. And so would the patient receive any 8 services from anyone else at the family center during 9 their visit? 10 MR. WOLFSON: Objection. 11 THE WITNESS: It's a situational 12 question, I think, because the patients have the 13 liberty to receive other services in the health 14 center if they walk to the health -- if they walk to 15 the front desk and request services. 16 By Ms. Richardson: 17 Q. And so just so I kind of understand just 18 how that would work, and understanding there may be 19 variances from case to case, so let's say -- so I 20 understand that you would advertise to the community 21 that the HIV testing specialist would be in the 22 health center on a particular date; is that correct? 23 A. Correct. 24 Q. And so let's take the case you mentioned 25 there are some people who would just walk up and</p>

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1 indicate that they would like to receive HIV testing;
2 is that correct?

3 A. That's correct.

4 Q. And so let's take one of those patients
5 who comes into the center and says I'd like to see
6 the HIV specialist. How would that patient be
7 processed, for lack of a better word,
8 administratively when he or she walks in the door?

9 A. So let me just recap that to see if I
10 understand.

11 Q. Sure.

12 A. So a patient walks into a Planned
13 Parenthood health center, goes to the reception and
14 says I'm here for free HIV testing; is that the
15 situation?

16 Q. Exactly.

17 A. The person at the front desk will
18 immediately call the HIV testing specialist, who is
19 in another room solely dedicated for the specialist,
20 in the same building.

21 The HIV testing specialist will come to
22 the front, greet the person, and will take the person
23 back to the HIV room to provide the testing, and fill
24 out all the forms that are required to be filled out
25 by the grant process that has to take place.

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1 A. Based on the service that is being
2 requested, yes.

3 Q. Would there be circumstances where the
4 HIV specialist would simply send the patient over to
5 one of the health providers within the center to
6 receive, in our example, STI testing?

7 MR. WOLFSON: Objection.

8 THE WITNESS: We are -- Planned
9 Parenthood is an approved provider of STI testing
10 within the referral list approved by the City of
11 Canton, if -- you're saying there's a possibility --
12 there's a possibility that the name of Planned
13 Parenthood is given since it's part of the referral
14 list.

15 By Ms. Richardson:

16 Q. And so what about if the patient is
17 in -- and again, we're talking about the patient who
18 walked in and asked to see the HIV specialist for
19 free HIV testing, would there be circumstances where
20 the HIV testing specialist would ask the patient if
21 she might be pregnant?

22 MR. WOLFSON: Objection.

23 THE WITNESS: Again, I'm trying to think
24 of that situation. It is not part of our HIV testing
25 protocol.

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1 The patient receives the testing, and
2 the testing specialist walks him out.

3 Q. And is there any protocol or policy for
4 the HIV testing specialist to ask the patient while
5 he or she is there about other potential services?

6 A. There is no protocol within the grant
7 that requires us to do that. The grant does specify
8 that if the patient requests other information about
9 other services, then -- to be provided to the best of
10 the HIV testing specialist's knowledge.

11 Q. And so what if this person mentions,
12 while he or she is getting the HIV testing, that they
13 would also like to receive testing for other STIs,
14 what would happen to that patient?

15 MR. WOLFSON: Objection.

16 THE WITNESS: So I'm trying to think of
17 that scenario. I really don't know if that happens,
18 so I'm trying to see if -- the grant requires us
19 again to provide referral numbers to -- or names of
20 other providers, depending on the service that the
21 client is requesting, and the specialist will provide
22 those names.

23 By Ms. Richardson:

24 Q. And so the specialist would provide
25 referral information to the patient; is that correct?

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1 By Ms. Richardson:

2 Q. Are there procedures or policies that
3 explain what the HIV testing specialist should do if
4 the patient indicates that she might be pregnant?

5 A. The grant does not specifically address
6 those type of situations as related to just a testing
7 service.

8 Q. What about outside of the grant, does
9 PPGOH have any policies or procedures that the HIV
10 specialist would follow if a patient indicates that
11 she might be pregnant?

12 A. The HIV testing specialist follows --
13 since it's a hundred percent covered by the grant, it
14 follows everything that the grant stipulates.

15 Q. And then a slightly different version of
16 that scenario, let's say that the patient actually
17 specific asks can you provide me with a pregnancy
18 test, is that something that the specialist could do?

19 MR. WOLFSON: Objection.

20 THE WITNESS: No. STI testing
21 specialists are not -- do not offer any other
22 services than the ones in the grant.

23 By Ms. Richardson:

24 Q. And in that circumstance would the HIV
25 specialist be able to refer the patient over to other

<p style="text-align: right;">Page 53</p> <p>1 health providers in the center to receive a pregnancy 2 test?</p> <p>3 MR. WOLFSON: Objection.</p> <p>4 THE WITNESS: They will provide within 5 the list -- that referral list the names of providers 6 that can do that.</p> <p>7 By Ms. Richardson:</p> <p>8 Q. And would that include the -- in our 9 Canton example, would that include the Canton health 10 center, which she's receiving the HIV testing?</p> <p>11 MR. WOLFSON: Objection.</p> <p>12 THE WITNESS: It is part of the referral 13 list, yes.</p> <p>14 By Ms. Richardson:</p> <p>15 Q. And now you referred a couple of times 16 to the fact that the HIV testing specialist is one 17 hundred percent covered by the grant. Can you 18 explain to me a little bit more about what you mean 19 by that?</p> <p>20 A. Yes. This person's salary is a hundred 21 percent allocated to the grant that we receive from 22 the Canton Health Department.</p> <p>23 Q. And so the grant money that comes in 24 covers all of that specialist's salary, is that 25 correct?</p>	<p style="text-align: right;">Page 55</p> <p>1 reimbursed?</p> <p>2 A. Yes.</p> <p>3 Q. And what is that cap?</p> <p>4 A. It is based on the grant, itself. So a 5 certain percentage of the grant is allocated to 6 salary, so that's the only amount that can be billed 7 to the City of Canton for reimbursement.</p> <p>8 Q. And what if the specialist works more 9 hours than are allotted within the grant, what would 10 happen under that circumstance?</p> <p>11 A. In that circumstance the specialist will 12 have to be paid -- let me go back because those 13 situations -- I don't think we have had that many of 14 those situations.</p> <p>15 But in the case where the specialist 16 goes over that hourly limit, they will have to be 17 paid out of Planned Parenthood's funds.</p> <p>18 Q. And does Planned Parenthood impose any 19 restrictions on the amount of time that the 20 specialist can work in order to keep it within the 21 grant?</p> <p>22 A. Like with any of our grants, the one in 23 City of Canton we give instructions -- specific 24 instructions to the specialist that they cannot -- 25 they should not put more of the allowed hours in</p>
<p style="text-align: right;">Page 54</p> <p>1 A. It covers -- Yes, the time that this 2 person is just providing HIV testing, it's covered by 3 that.</p> <p>4 Q. And does that work on a reimbursement 5 type basis, or how is that funding received?</p> <p>6 A. It's reimbursement in that scenario.</p> <p>7 Q. So is it accurate then to say that the 8 HIV specialist would -- and is it a he or a she, just 9 for ease of questioning?</p> <p>10 A. It's a she.</p> <p>11 Q. A she. Okay. Thank you.</p> <p>12 MR. WOLFSON: Are we talking about the 13 City of Canton still?</p> <p>14 MS. RICHARDSON: Yes, City of Canton.</p> <p>15 By Ms. Richardson:</p> <p>16 Q. So she would basically log her time 17 spent on the various activities that you've been 18 describing, and then would -- would Planned 19 Parenthood of Greater Ohio initially pay her and then 20 receive a reimbursement, or would she receive payment 21 directly from the City of Canton?</p> <p>22 A. Planned Parenthood will receive 23 reimbursement for the time that this person is being 24 allocated to the City of Canton's program, yes.</p> <p>25 Q. Is there a cap on the amount that can be</p>	<p style="text-align: right;">Page 56</p> <p>1 their time sheets.</p> <p>2 Q. And so would there be circumstances 3 where they might ask for permission to exceed that 4 amount?</p> <p>5 MR. WOLFSON: Objection.</p> <p>6 THE WITNESS: I'm trying to think of 7 situations. I believe we have been clear that that's 8 not something that should be done. And I cannot 9 recall any time that I personally have said yes, it's 10 okay to.</p> <p>11 MR. WOLFSON: Could we take a 12 five-minute break soon?</p> <p>13 MS. RICHARDSON: Sure. And we can take 14 ten minutes.</p> <p>15 (Recess was taken.)</p> <p>16 By Ms. Richardson:</p> <p>17 Q. Before the break we were walking through 18 and talking about programs, specifically the HIV 19 testing program, and I think we were still talking 20 about the Canton program, specifically.</p> <p>21 And we talked about the fact that the 22 HIV testing specialist is generally one hundred 23 percent paid for by the grant in terms of her salary; 24 is that correct?</p> <p>25 A. That's correct.</p>

<p style="text-align: right;">Page 57</p> <p>1 Q. Is she considered, however, to be an 2 employee of Planned Parenthood of Greater Ohio? 3 A. That is correct. 4 Q. And so would she be subject to all other 5 policies and protocols that Planned Parenthood of 6 Greater Ohio would have in place for its employees? 7 A. She would be subject to the general 8 employee protocols. 9 Q. Apart from just the specifications that 10 are listed in the grant that she would have to comply 11 with, would there be any other differences in the 12 rules and procedures that she would need to comply 13 with for her as compared to other PPGOH employees? 14 MR. WOLFSON: Objection. 15 THE WITNESS: She will have to follow 16 the general rules or regulations or protocols of a 17 PPGOH employee. And then she will have to follow the 18 grant. 19 By Ms. Richardson: 20 Q. And we were talking about various 21 scenarios that might come up in the event that a 22 patient comes into a health center on a day when the 23 HIV specialist is there providing tests. 24 What if a patient comes in and is 25 already pregnant and asks to receive an HIV test,</p>	<p style="text-align: right;">Page 59</p> <p>1 specialist is operating under are -- for the patient 2 are aligned with the protocols that Planned 3 Parenthood has when seeing a client. 4 So the HIV testing specialist will have 5 to follow patient confidentiality, for instance, that 6 it's already stipulated in the grant and that Planned 7 Parenthood stipulates. 8 Q. Thank you. Now I'd like to ask about a 9 different scenario. If you know, if a patient is 10 receiving services in the health center, are there 11 circumstances under which that patient might be 12 referred over to the HIV testing specialist? 13 A. So I have not encountered that 14 situation. But if a patient says that they will 15 require that HIV testing, the health center will 16 provide them with the options of where they can get 17 tested. 18 Q. And outside of the HIV testing 19 specialist that we have been talking about, are there 20 other employees within the PPGOH health center who 21 would be able to provide HIV testing to a patient 22 receiving services? 23 MR. WOLFSON: Objection. I just want to 24 say I think that the issue that happens in the health 25 centers is more in Ms. Singhaus' domain, but go</p>
<p style="text-align: right;">Page 58</p> <p>1 would the HIV specialist provide any other counseling 2 or options to that patient? 3 MR. WOLFSON: Objection. 4 THE WITNESS: The HIV testing specialist 5 would only provide the services that are stipulated 6 by the grant when the patient comes in to be HIV 7 tested. And those services just include HIV testing 8 intervention. 9 By Ms. Richardson: 10 Q. And so literally just giving the -- the 11 rapid HIV test that you mentioned earlier? 12 A. Correct. 13 Q. Would there be any other protocols or 14 policies that the HIV specialist would need to comply 15 with with respect to the patient that comes in? 16 MR. WOLFSON: Objection to the form. Go 17 ahead. 18 THE WITNESS: Any other protocols from 19 where? 20 By Ms. Richardson: 21 Q. Any other PPGOH protocols for patient 22 services or any other protocol that she would need to 23 follow in treating the patient who comes in to 24 receive the HIV testing. 25 A. The protocols that she is -- that the</p>	<p style="text-align: right;">Page 60</p> <p>1 ahead. 2 MS. RICHARDSON: Thank you. 3 By Ms. Richardson: 4 Q. Go ahead and answer. 5 A. To my knowledge the health center 6 division that I have not a lot of knowledge of, does 7 provide HIV testing for fees that patients can 8 receive, if they have health insurance or some type 9 of health insurance, or they pay out-of-pocket. 10 Q. And so how do you determine as an 11 organization who would be eligible to receive the 12 free testing from the HIV testing specialist versus 13 the other HIV testing that would be offered in a 14 health center? 15 A. If the client falls within the guidance 16 of the grant, that is the population that the grant 17 is targeting. 18 Q. And so let's go outside of the day when 19 the HIV specialist is present in the health center. 20 Let's say a patient is in receiving services and asks 21 to receive HIV testing. 22 Would there be an analysis done as to 23 whether the person would qualify for the free HIV 24 testing that the specialist would provide? 25 MR. WOLFSON: Same objection.</p>

<p style="text-align: right;">Page 61</p> <p>1 By Ms. Richardson: 2 Q. If you know. 3 A. Really I don't know what the health 4 center side will do in that scenario. 5 Q. And so I want to move ahead to -- I 6 think you indicated previously that this was one of 7 the programs that you believe would be impacted by 8 the law that's challenged in this case, correct? 9 A. Correct. 10 Q. What is your understanding of the ways 11 in which that law will impact this program? 12 A. According to the letter we received from 13 the Canton Health Department stating that they will 14 not be able to partner with us due to this law, that 15 means that we will have to let go or terminate 16 employment of the HIV testing specialist as her 17 salary is allocated to this grant. 18 Q. Are there other steps that you either 19 have or plan to take if the law takes effect with 20 respect to the HIV Prevention Program we have been 21 describing? 22 A. The one in Canton? 23 Q. Again, yes, we'll focus specifically on 24 Canton first. 25 A. Other steps, what do you mean by that?</p>	<p style="text-align: right;">Page 63</p> <p>1 Q. To the extent that you know. 2 A. The Education and Outreach department 3 will not be providing free HIV testing at our health 4 centers. 5 Q. And you don't know the extent to which 6 the health centers would otherwise continue providing 7 HIV testing outside of this program, is that fair? 8 A. Outside of this program, I don't know 9 what the health center protocol -- the health center 10 services will be after this. 11 Q. And it's your understanding that that is 12 something that Ms. Singhaus would be able to testify 13 about later today? 14 A. Correct. 15 Q. Thank you. So we have talked about 16 Canton specifically. And I think you mentioned two 17 other areas in which you have grants under this HIV 18 Prevention Program; is that correct? 19 A. Correct. 20 Q. And one is, I think, the greater 21 Cleveland area; is that correct? 22 A. Correct. 23 Q. Are there ways in which the services you 24 offer under the program in greater Cleveland differ 25 from what you've just described for Canton?</p>
<p style="text-align: right;">Page 62</p> <p>1 In what direction? 2 Q. So you indicated that you would have to 3 terminate the employment of the HIV testing 4 specialist. 5 A. Correct. 6 Q. Are there other actions that you would 7 need to take in the event that the law you're 8 challenging actually takes effect? 9 A. We haven't taken any other actions. 10 Q. Do you have plans in place to take any 11 other actions going forward in the event that the law 12 takes effect? 13 A. Besides terminating employment of that 14 person? 15 Q. Uh-huh. 16 A. No. 17 Q. And so in the event that the law takes 18 place would you still be offering HIV testing in 19 events that are offered by your various community 20 partners? 21 A. No. 22 Q. Would you still offer HIV testing in 23 your health centers? 24 MR. WOLFSON: Objection. 25 By Ms. Richardson:</p>	<p style="text-align: right;">Page 64</p> <p>1 A. The only difference is the extension of 2 the program. In Cleveland we provide a program in 3 the community like in Canton, the free HIV testing in 4 the community like in Canton, but in the greater 5 Cleveland area we provide it at three health centers 6 rather than just one. So that is the only 7 difference. 8 Q. And what are those three health centers? 9 A. It's -- sorry, it's four of them. They 10 are called the Cleveland Health Center located in the 11 City of Cleveland, the Rocky River Health Center also 12 located in the City of Cleveland, the Old Brooklyn 13 Health Center also located in the City of Cleveland, 14 and the Bedford Heights family planning center 15 located in Bedford Heights, Ohio. 16 Q. And do you also have HIV testing 17 specialists that provide services under the grant in 18 the greater Cleveland area? 19 A. The same as in the Canton area, they are 20 specific for -- we have HIV testing specialists 21 specific in that area. 22 Q. And how many testing specialists do you 23 have in the greater Cleveland area? 24 A. We have three of them. 25 Q. And is there any particular division of</p>

<p style="text-align: right;">Page 65</p> <p>1 their responsibilities in terms of coverage areas or 2 other divisions? 3 A. It's more coverage area, so they are 4 assigned to health centers in communities that are 5 divided for their easy access to. 6 Q. And are the salaries of these three 7 health specialists in the greater Cleveland area also 8 provided by the grant, itself? 9 A. Correct. 10 Q. Does the grant pay entirely for the 11 salaries of these three individuals? 12 A. Not for all three of them. 13 Q. And so in other words, PPGOH would 14 directly pay for salaries of at least some of these 15 employees? 16 A. For some allocation of the salaries of 17 two of them, yes. 18 Q. Of two of them. And can you describe 19 what that allocation would be between PPGOH and the 20 grant? 21 A. In one instance one employee is -- 22 salary is allocated at 90 percent to the HIV testing 23 grant and ten percent to another grant. 24 Q. Which grant? 25 A. Our Title 10 grant.</p>	<p style="text-align: right;">Page 67</p> <p>1 50/50 employee you would be able to provide that 50 2 percent funding that is currently provided under the 3 HIV Prevention Program with another grant, am I 4 understanding that correctly? 5 MR. WOLFSON: Objection to the form. 6 Did you understand the question? 7 THE WITNESS: Yes. If we get the -- if 8 that other 50 percent that was originally allocated 9 from the free HIV testing grant, that we identified 10 another grant that covered this person's salary? 11 By Ms. Richardson: 12 Q. Yes, that's a much better way to ask 13 that question. Thank you. 14 A. To do other work, not HIV related, yes, 15 the answer is yes. 16 Q. And for the person who was 90 percent/10 17 percent, have you also then determined an alternate 18 source of funding to offset what was previously 19 provided under the HIV prevention grant? 20 A. An alternate source to do different 21 work, yes. 22 Q. Any other steps you would take with 23 respect to the HIV Prevention Program in the greater 24 Cleveland area in the event that the law takes 25 effect?</p>
<p style="text-align: right;">Page 66</p> <p>1 Q. Okay. 2 A. In another instance half of an 3 employee's salary allocation is to the health 4 services grant, and the other one is -- the other 5 half, the other 50 percent is to a private foundation 6 grant. 7 Q. Okay. 8 A. And the third employee is a hundred 9 percent HIV testing. 10 Q. And with respect to the greater 11 Cleveland area, in the event that the law that's 12 being challenged here takes effect, what steps would 13 you take with respect to the HIV testing 14 prevention -- the HIV Prevention Program in greater 15 Cleveland? 16 A. Same as Canton. 17 Q. And specifically does that mean then 18 that you would terminate an employee? 19 A. We'll terminate the employee that is at 20 a hundred percent allocated. We have taken steps to 21 allocate the employee that is 50 percent/50 percent 22 to another grant -- a different grant to do other 23 type of work, and the same thing with the employee 24 who is at 90/10 split. 25 Q. And so you've determined that for the</p>	<p style="text-align: right;">Page 68</p> <p>1 A. We will notify our partners that we 2 won't be able to keep providing free HIV testing. 3 Q. The community partners in the greater 4 Cleveland area? 5 A. Correct. 6 Q. Thank you. Any other differences with 7 respect to the way the program works in the greater 8 Cleveland area as compared to the Canton program that 9 you've just described? 10 A. No. 11 Q. And so I think the last area in which 12 you provide services under the HIV Prevention Program 13 is the Summit area; is that correct? 14 A. That's correct. 15 Q. Summit County? 16 A. Correct. 17 Q. And are there ways in which the services 18 you offer in Summit County differ from what you've 19 already described with respect to Canton and 20 Cleveland? 21 A. No. 22 Q. Are there HIV testing specialists 23 specifically designated for the Summit County area? 24 A. One, yes. 25 Q. And so is it fair to say that there are</p>

<p style="text-align: right;">Page 69</p> <p>1 a total of five HIV testing specialists that provide 2 services under the HIV Prevention Program? 3 A. Correct. 4 Q. And how is the specialist in Summit 5 County -- how is his -- is it a her? 6 A. Her. 7 Q. How is her salary funded? 8 A. A hundred percent by the HIV testing 9 grant. 10 Q. And in the event that the law that's 11 being challenged takes effect, what steps will you 12 take with respect to the provision of services in 13 Summit County? 14 A. The specialist -- employment of the 15 specialist will be terminated, services will not be 16 provided. 17 Q. And so is it fair to say that a total of 18 three employees, three HIV testing specialists, will 19 be terminated in the event that the law takes effect? 20 A. Yes. 21 Q. Do you know whether any of these three 22 employees have been hired, or whether there's an 23 agreement to hire any of these employees by another 24 provider? 25 A. No.</p>	<p style="text-align: right;">Page 71</p> <p>1 A. That is correct. 2 Q. Your understanding, that's being 3 provided by another provider with whom Summit has 4 contracted? 5 MR. WOLFSON: Objection. 6 THE WITNESS: I don't know if that other 7 entity has already started to provide the services. 8 What I know is that what I just described, that our 9 testing specialist was told that the contract went to 10 another entity, but I don't know if that entity has 11 already started providing services. 12 By Ms. Richardson: 13 Q. Thank you for that clarification. 14 And is the testing specialist for Summit 15 County still employed by PPGOH? 16 A. Yes, currently she is still employed by 17 PPGOH. 18 Q. And how is her salary being funded 19 currently now that the contract is no longer in place 20 with PPGOH? 21 A. At this point her salary is being 22 absorbed by PPGOH's funds as we were waiting to hear. 23 Q. And are there other grants that could 24 provide -- that could cover her salary in the event 25 that the law takes effect?</p>
<p style="text-align: right;">Page 70</p> <p>1 Q. And now I believe with respect to Summit 2 County specifically, in some of your interrogatory 3 responses you mentioned that Summit County has 4 already entered into an arrangement with another 5 provider; is that correct? 6 A. We were informed of that, yes. 7 Q. And can you describe your understanding 8 of what that arrangement is? 9 A. On May 24th, the day after the TRO was 10 granted, our HIV testing specialist went to the 11 Summit County Health Department to pick up HIV 12 testing kits to continue her work, and she was 13 informed that another entity was already being given 14 the contract that we had the day before, and that we 15 couldn't -- that she couldn't pick up testing kits. 16 Q. And so is it your understanding then 17 that this contract entirely covers the services that 18 PPGOH previously provided under the Summit County HIV 19 Prevention Program contract? 20 A. I really can't say what the contract is, 21 all I can tell is what I just described, that our 22 testing specialist was turned away. 23 Q. And so is it fair to say that currently 24 PPGOH is not offering any of these HIV prevention 25 services in the Summit County area?</p>	<p style="text-align: right;">Page 72</p> <p>1 A. At this point all grants have been 2 identified that could match her skills. 3 Q. And so at what point would she be 4 terminated? 5 MR. WOLFSON: Objection. Go ahead. 6 By Ms. Richardson: 7 Q. And I can clarify. My understanding 8 from your previous testimony was that if this law 9 takes effect, this particular employee would need to 10 be terminated. Did I understand that correctly? 11 A. That's correct. 12 Q. And so currently the contract with 13 Summit County has already been terminated, correct? 14 A. The original contract has been 15 terminated. 16 Q. And so right now PPGOH is not receiving 17 any funding for the salary of the specialist in 18 Summit County under the grant; is that correct? 19 A. No. We were informed two weeks ago by 20 Summit County Health Department that they had 21 identified a different source of funding for us to 22 continue providing HIV testing, for this specialist 23 to continue providing HIV testing -- free HIV 24 services starting July 1st. 25 Q. Starting July 1st.</p>

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1 A. However, that process had to go through
2 their board, and we have not heard since, I want to
3 say July 1st, since last Friday. We have not heard
4 from them.

5 Q. And so the plans that you mentioned to
6 terminate this employee in Summit County, when would
7 you implement those? When would she be terminated?

8 A. So those plans, we had originally
9 planned to terminate all affected employees on that
10 Monday, May 23rd, if the TRO was not granted.
11 Because the TRO was granted those positions have just
12 been on hold until we hear more from the result of
13 this case.

14 In this particular case we were waiting
15 to hear from Summit County Health Department about
16 this alternate -- alternative source of funding to
17 have the testing specialist go back to continue doing
18 the work that she did.

19 Q. And so assuming that the contract that
20 Summit County has entered into with this alternate
21 provider takes effect on July 1st, at that point in
22 time PPGOH would no longer be providing services in
23 Summit County, correct?

24 A. No, the contract that I -- the contract
25 that I was referring to that we heard from Summit

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1 County through the situation I described, according
2 to what they said was that contract, they signed on
3 May 23rd.

4 What I was referring to as July 1st was
5 another contract they were going to give to us on
6 July 1st to continue the HIV testing program.

7 Q. Okay. So maybe we could step back for a
8 minute. I apologize because I think I'm getting
9 confused.

10 So historically you -- you've described
11 the services that you provided in Summit County under
12 the HIV Prevention Program, correct?

13 A. Correct.

14 Q. And as of May 23rd Summit County entered
15 into a contract with a different provider, correct?

16 A. Correct.

17 Q. And at that point in time PPGOH stopped
18 providing HIV prevention services in Summit County,
19 correct?

20 A. Correct.

21 Q. And so currently PPGOH is not providing
22 services in Summit County?

23 A. Correct.

24 Q. And so recently you received an
25 indication that you might receive a contract

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1 effective July 1st from Summit County?

2 A. Correct.

3 Q. And what services would you be providing
4 under that contract?

5 A. The same exact services; free HIV
6 testing program.

7 Q. And so is it your understanding that
8 Summit County would cancel the contract that it's
9 currently under with the alternate provider, or would
10 this be in addition to that contract?

11 A. It would be in addition to that
12 contract.

13 Q. And so would the amount of funding that
14 PPGOH receives under that grant differ from what it
15 received previously?

16 A. From the notice we got from the Health
17 Department, would be -- the amount of that contract
18 would be the exact amount that was left from the
19 previous contract.

20 Q. And so would this be a contract under
21 the HIV Prevention Program that we have been
22 discussing, or would it be a different grant source?

23 A. That I have no information. What
24 they -- the information they provided to us was it
25 was to continue the HIV testing program, but they

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1 didn't disclose what source of -- that came from.

2 Q. Okay. And so in the event that that
3 contract comes through, would you still terminate the
4 employee -- the HIV prevention specialist in Summit
5 County?

6 A. No.

7 Q. And if that contract does not go
8 through, is it your intent to terminate that
9 employee?

10 A. Correct.

11 Q. And when would that termination take
12 place?

13 A. As soon as we hear from -- as soon as we
14 hear from them what the plans are to implement or not
15 implement the contract, and also when we hear from
16 the result of this case.

17 Q. Okay. Go ahead.

18 A. No, that's it.

19 Q. And I want to talk a little bit about
20 the financial information related to the HIV
21 Prevention Program. And does it make sense to break
22 these down by the three regions that you've talked
23 about, or can we talk about it as a whole?

24 A. We can do both. It will depend on your
25 question.

<p style="text-align: right;">Page 77</p> <p>1 Q. Okay. Well, let's start with the Canton 2 grant. How much money do you receive through the HIV 3 prevention grant in Canton -- in the Canton area? 4 A. That is about 18,000 -- it's about 5 \$18,000. 6 MR. WOLFSON: Is there a time frame on 7 that? 8 THE WITNESS: For calendar year 9 starting -- the current grant is calendar year 10 starting January 1st of this year. 11 By Ms. Richardson: 12 Q. January 1st of 2016? 13 A. 2016 to December 31st, 2016. 14 Q. Thank you. And what expenses are 15 associated with operating the HIV Prevention Program 16 services that you've described in Canton? 17 A. Salaries and office supplies. 18 Q. And what is the total amount of expenses 19 that PPGOH would -- what's the total amount of 20 expenses associated with this program for PPGOH? 21 MR. WOLFSON: Objection to the form. 22 THE WITNESS: Yeah, I'm trying to 23 understand your question. The total expenses for the 24 person that is providing the program? 25 By Ms. Richardson:</p>	<p style="text-align: right;">Page 79</p> <p>1 asked if it covers salaries and expenses for PPGOH, 2 so I didn't know if you were saying for the whole 3 agency. So no, it -- the expenses that the program 4 has are all paid by this grant, yes. 5 Q. Do you receive any revenues beyond what 6 the expenses are? In other words, do you make a 7 profit off of operating the HIV Prevention Program? 8 A. No. In fact, we actually don't allocate 9 office space -- when you mentioned office, that's 10 what came to my mind. We don't allocate office space 11 or rental of equipment or anything that the 12 specialist uses to this grant. 13 Q. And so if you factored in those expenses 14 as well, is it fair to say that it actually costs 15 PPGOH more to operate the HIV Prevention Program than 16 it receives from the grant? 17 MR. WOLFSON: Objection. 18 THE WITNESS: I don't -- I cannot 19 quantify it because I don't know if there's a formula 20 to come up with all of the expenses. So I really 21 can't quantify to say yeah, there's much more money 22 or less money. 23 By Ms. Richardson: 24 Q. But you can say that you don't operate 25 at a profit, so looking at Canton specifically, the</p>
<p style="text-align: right;">Page 78</p> <p>1 Q. No. So basically do you break down your 2 revenues or profits or financial information by 3 program? 4 A. We do -- we do submit a budget, a 5 program budget, when we submit the grant proposal 6 when we compete for the grant. 7 In the case of Canton the program -- HIV 8 testing program in Canton, it's all dependent on this 9 grant. So everything that is done under that -- the 10 program, it's paid by this grant. 11 Q. Okay. So I think I understand that. 12 Let me just make sure that I understand. So you 13 mentioned that you pay salaries and there are office 14 expenses? 15 A. Sorry. Office supplies. 16 Q. Office supplies. Thank you. 17 Does the amount of the grant fully cover 18 the cost of salaries and office supplies for PPGOH? 19 A. For that person that is doing the 20 testing, yes. 21 Q. And you clarified for the person that is 22 doing the testing. Are there expenses not related to 23 the person who is doing the testing associated with 24 operating the program? 25 A. I only clarify because you said -- you</p>	<p style="text-align: right;">Page 80</p> <p>1 \$18,000, none of that is left over after you paid for 2 the expenses associated with the program, is that 3 fair? 4 A. That's correct. 5 Q. What about with respect to Cleveland 6 city? Is it Cleveland city or is it the greater 7 Cleveland area? 8 A. It's funded by the City of Cleveland, 9 but it does work in the greater Cleveland. So 10 outside the city limits. 11 Q. Thank you for that clarification. 12 And how much money comes in through that 13 grant? 14 A. That's about -- for this same calendar 15 year on January 1st, 2016, December 31st, 2016, it's 16 about \$75,000. 17 Q. And what expenses are associated with 18 the HIV prevention services that you offer in the 19 greater Cleveland area? 20 A. Salary, office supplies, and mileage. 21 Q. And I think you already mentioned that 22 the grant does not completely cover the salaries of 23 the HIV specialists who work under the program; is 24 that correct? 25 A. That's correct.</p>

<p style="text-align: right;">Page 81</p> <p>1 Q. And then you mentioned office supplies. 2 And what was the other source of expense? 3 A. Mileage reimbursement. 4 Q. And what does that refer to? 5 A. So when a testing specialist goes from 6 one testing site to another testing site, to another 7 one, they get reimbursed for the mileage they incur 8 during that travel. 9 Q. Is that something -- would the Canton 10 HIV specialist also receive mileage reimbursement? 11 A. That grant doesn't have the funds to 12 cover for that. 13 Q. Okay. And so with respect to office 14 supplies, mileage reimbursement, does the -- is the 15 grant sufficient to cover those expenses? 16 MR. WOLFSON: Objection. 17 THE WITNESS: Can you repeat the 18 question? 19 By Ms. Richardson: 20 Q. Can you quantify the amount of expenses 21 associated with office supplies and mileage 22 reimbursement for the HIV Prevention Program in 23 greater Cleveland? 24 A. I don't have it memorized. It is part 25 of the program budget that was provided.</p>	<p style="text-align: right;">Page 83</p> <p>1 Q. And then finally with respect to the 2 Summit County area, same question. What is the 3 amount of the grant? 4 A. It's \$22,000 for the same grant cycle, 5 January to December, and that grant is a hundred 6 percent salaries, salary of the person. 7 Q. And so then how do you pay for the 8 office supplies and other expenses that you might 9 experience in operating the program? 10 A. They would have to come out of Planned 11 Parenthood's budget. 12 Q. And do you know the amount of expenses 13 that Planned Parenthood pays for in the Summit County 14 area? 15 A. No. 16 Q. Is that a number that you would document 17 or record somewhere in your financial documents? 18 A. No. 19 Q. So is it fair to say then that for 20 Summit County, certainly the expenses associated with 21 operating the HIV Prevention Program exceed the 22 amount that comes in through the grant, is that fair? 23 MR. WOLFSON: Objection. 24 THE WITNESS: Because we don't have it 25 quantified, I really can't tell you yes or no because</p>
<p style="text-align: right;">Page 82</p> <p>1 Q. And my question then was is the \$75,000 2 that comes in through the grant sufficient to 3 coverage the mileage reimbursement and office 4 supplies associated with that program? 5 A. It covers what it's allowed to spend on 6 that program. 7 Q. Are there other expenses that PPGOH 8 would have in operating the program that it pays for 9 through other funds or sources? 10 A. No. 11 Q. And so apart from the salaries you 12 mentioned where PPGOH has to contribute some 13 additional amount to pay for the salaries of the HIV 14 services, are there other expenses associated with 15 the HIV Prevention Program that PPGOH would pay for 16 outside of the grant? 17 MR. WOLFSON: Objection. 18 THE WITNESS: It would be the same as 19 with the Canton occupancy or office space equipment. 20 By Ms. Richardson: 21 Q. And can you quantify those expenses? 22 A. No, unfortunately. 23 Q. Is that something you would document or 24 record? 25 A. No.</p>	<p style="text-align: right;">Page 84</p> <p>1 I don't have evidence. 2 By Ms. Richardson: 3 Q. But one hundred percent of the \$22,000 4 that comes in goes to the salary? 5 A. Salary. 6 Q. And Planned Parenthood has to pay for 7 the equipment and the other materials that are 8 associated with operating that program, correct? 9 A. That is correct, yes. 10 Q. I want to move now to the PREP program. 11 A. Okay. 12 Q. And can you describe for me just 13 generally what services PPGOH offers under the PREP 14 program? 15 A. Okay. Trying to summarize it. 16 Q. Sure. I know it's a tough question. 17 A. Under this grant the PREP program -- 18 it's basically a program created to provide services 19 for the PREP grant that is ODH -- Ohio Department of 20 Health program. 21 Under that grant we provide services to 22 professionals and youth in the juvenile justice 23 system and foster care system. They are provided 24 with an ODH curricula -- ODH -- they are provided by 25 an ODH provided curricula on comprehensive sex</p>

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1 education, and three adulthood preparation topics.
2 So that's what that is.

3 Q. And what are the three topics?

4 A. So healthy relationships, job readiness,
5 and career development.

6 Q. And apart from the ODH curriculum that
7 is established by the department, does PPGOH provide
8 any of its own materials or does it make any
9 additions or changes to the curriculum?

10 A. No, we can't. It's prohibited by the
11 grant.

12 Q. And in the course of operating these
13 training programs would you distribute any materials
14 from PPGOH or any other information to -- to the
15 attendees or participants?

16 A. Aside from the ones provided -- approved
17 by the Ohio Department of Health?

18 Q. Correct.

19 A. No.

20 Q. And what geographic areas do you cover
21 with respect to the PREP program?

22 A. We cover three areas. The State has
23 divided -- the Ohio Department of Health has divided
24 the State in nine PREP -- they call it PREP
25 territories, or PREP regions. And we are in three of

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1 Columbus, Ohio.

2 Q. And did you say in Athens?

3 A. Correct.

4 Q. And in the event that the law that's
5 being challenged here takes effect, what steps do you
6 intend to take with respect to the PREP program?

7 A. Again, unfortunately we'll have to
8 terminate the employment of the two employees in
9 Region 4.

10 Q. And these would be the two employees who
11 are one hundred percent devoted to the PREP program?

12 A. Yes. And then for the past six months
13 the one -- we had one employee whose time was divided
14 equally 50 percent-50 percent to Region 7 and Region
15 8, which meant a hundred percent of the employee's
16 time was to PREP from different PREP regions, but one
17 employee. Unfortunately that person resigned in
18 anticipation of this, so we basically would just not
19 be able to rehire.

20 Q. And you said that -- did you say it was
21 a she?

22 A. Yes.

23 Q. You said that she resigned in
24 anticipation of this. What do you mean by that?

25 A. In her letter of resignation she

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1 those regions.

2 We are the sole provider of PREP in
3 Region 4, which is 14 counties in southern Ohio. We
4 are a provider in Region 7 which incorporates
5 counties in the northern part of Ohio. Our
6 responsibility is to cover the Cuyahoga County within
7 that region.

8 And then we cover PREP Region 8 which
9 incorporates -- there are several counties, but we're
10 responsible to provide PREP in Summit County.

11 Q. Thank you. And how many employees
12 within PPGOH would provide services under the PREP
13 program?

14 A. Point-five -- FDR half -- 50 percent of
15 an employee for Region 7, 50 percent of an employee
16 for Region 8, and two employees for
17 Region 4.

18 Q. Where are these employees housed
19 normally?

20 A. They are located -- they are located --
21 they are located in our health centers in the
22 northern regions, in Akron and Bedford Heights, and
23 then in southern Ohio some of them are located --
24 they work remotely from their homes, or they commute
25 to one of our offices either in Athens, Ohio or

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1 stipulated that she -- the uncertainty of where this
2 case was going was not something in her benefit, and
3 did not want to leave under that uncertainty and she
4 looked for other employment opportunities.

5 Q. And she left voluntarily?

6 A. Yes.

7 Q. What is the amount that PPGOH receives
8 pursuant to the PREP grants?

9 A. For Region 4, for one grant cycle, which
10 is August 1st -- the current one is August 1st of
11 2015 to July 30 or 31st of 2016, it's about \$166,000.

12 For Region 7 it's same grant cycle, it's
13 17,000 to 18,000. And for Region 8 it's 23,000;
14 about 23,500, I think.

15 Q. And what expenses are associated with
16 operating the PREP program?

17 A. Salaries -- mainly salaries, mileage
18 reimbursement -- we call it travel expenses --
19 mileage reimbursement, office supplies.

20 In the PREP grant as authorized by the
21 Ohio Department of Health, it also allocates a
22 portion of the grant to incentives for the program
23 participants, so that's a big part of it.

24 Q. And what is the total amount of the
25 expenses that you've just identified?

22 (Pages 85 to 88)

<p style="text-align: right;">Page 89</p> <p>1 MR. WOLFSON: Objection. 2 THE WITNESS: Per grant? 3 By Ms. Richardson: 4 Q. We can do it per grant or if there's a 5 total amount. 6 A. Yeah, I would just -- I can't -- I 7 believe we provided the program budgets for all of 8 them. I can't recall exactly what they are. 9 Q. And so we can break it down by each one 10 of these. So you said it's Area 4, Area 7, and I'm 11 sorry, what are the other areas? 12 A. Area 8. 13 Q. And so with respect to Area 4, 14 understanding that you don't know the exact amount, 15 but ballpark, what would be the cost of the expenses 16 that you've just identified related to operating PREP 17 in Area 4? 18 A. So again, I don't know the exact amount 19 of, you know, mileage, how many mileage, how much of 20 that. 21 Q. Sure. 22 A. It's -- again, it's in the program 23 budget approved by the Ohio Department of Health, so 24 I can't recall, really, the exact amount. 25 Q. And again, we can do it by area if</p>	<p style="text-align: right;">Page 91</p> <p>1 A. In the current year we haven't had any 2 leftover funding. 3 Q. Have there been years where you've had 4 revenues left over that were not spent on the 5 program? 6 A. There was -- if I recall correctly, 7 three years ago there was some left over that had to 8 be returned to the Ohio Department of Health. 9 Q. Do you know what the amount of that 10 excess was? 11 A. I don't know the exact amount, no. 12 Q. And was the entire amount of the excess 13 returned to the Department of Health? 14 A. Yes. 15 Q. And outside of that year you don't 16 recall any other time where you had excess left over? 17 A. I would like to clarify when I said 18 returned to the Department of -- Ohio Department of 19 Health. Because these are reimbursable grants, truly 20 there was no return of it, you only bill for what you 21 expend. So we just didn't spend the amount that we 22 were allowed to spend. 23 Q. Thank you. So you just essentially 24 never collected that amount? 25 A. Yeah.</p>
<p style="text-align: right;">Page 90</p> <p>1 that's easier for you, but do the expenses exceed the 2 amount of money that comes in to PPGOH through the 3 grant? 4 MR. WOLFSON: Objection. 5 THE WITNESS: Do you mean do we get more 6 grants than what we spend to provide the program? 7 By Ms. Richardson: 8 Q. So I asked the exact opposite of that. 9 Do the costs that you bear exceed the amount that 10 comes in from the revenue? In other words, are there 11 expenses that Planned Parenthood has to pay for 12 outside of what it receives from the grant? 13 A. To my knowledge in those grants, no. 14 The expenses are very on par with the funding. 15 Q. So essentially it's a wash, is that 16 fair? 17 MR. WOLFSON: Objection. 18 THE WITNESS: It's even, yes. 19 By Ms. Richardson: 20 Q. It's even? 21 A. Yes. 22 Q. And so you're not bringing in more money 23 from the revenue than what you're spending? You 24 don't have any left over from the grant after you've 25 operated the program, is that fair?</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. That makes sense. Thank you. 2 And then similarly looking back over, 3 we'll say the last five years, do you recall any 4 years where the total amount of the expenses exceeded 5 what was brought in through the grant? 6 A. No, I don't recollect any. 7 Q. I want to turn now to the Healthy Moms, 8 Healthy Babies Program, and I think we said earlier 9 that that is also the same thing as the OIMRI 10 program; is that correct? 11 A. That's correct. 12 Q. Can you describe the services that PPGOH 13 offers through -- we'll call it the healthy moms, 14 healthy babies program? 15 A. Yes. So under the OIMRI, PPGOH operates 16 infant mortality prevention initiatives under the 17 name Healthy Moms, Healthy Babies, but following all 18 of the protocols of the OIMRI grant. So the grant, 19 itself, tells you exactly what you need to be doing 20 with the clients. 21 In this case it's safe sleeping 22 education, safe eating education, referral services 23 to the clients, help with job placement. 24 It is, in essence, a case management 25 program in which the clients are with -- assigned to</p>

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1 one of our staff members for the period of -- they
2 can be with -- with the program from the moment they
3 are pregnant up to the time when their child turns
4 two years old. So again, it's a case management.

5 Q. And historically how many employees has
6 PPGOH hired that worked on the OIMRI program?

7 A. When we are at full capacity we employ
8 nine employees, a hundred percent allocated to -- a
9 hundred percent of their salary allocated to this
10 grant.

11 Q. And you mentioned when you're at full
12 capacity, has there been times -- and again, we'll
13 look over the last five years, where you were not at
14 full capacity?

15 A. Currently we in one of the areas -- we
16 have not been able to replace one position.

17 Q. And so you have eight employees
18 currently, is that --

19 A. That's correct.

20 Q. And I think you testified earlier that
21 these services are primarily provided in the Mahoning
22 and Trumbull County areas, is that correct?

23 A. Correct.

24 Q. Do the staff members that provide
25 services under OIMRI provide any other services or

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1 public, so our staff will have to apply for those
2 positions.

3 Q. And in the event that the law takes
4 effect, would PPGOH be providing any of these OIMRI
5 services directly anymore?

6 A. We will not be having an OIMRI program,
7 no.

8 Q. The entirety of those services would be
9 provided by the Mahoning County Health Department
10 directly, correct?

11 MR. WOLFSON: Objection.

12 THE WITNESS: The -- my understanding is
13 that the Mahoning County Health Department will take
14 the contract themselves. I don't know if they will
15 contract with another entity or if they will provide
16 the programs themselves; that, I don't know.

17 By Ms. Richardson:

18 Q. Do you know -- and we'll look at the
19 most recent year first. What is the amount of the
20 OIMRI grant that PPGOH received?

21 A. The basic grant award is \$150,000 for
22 each of the programs for one grant cycle year.

23 Q. And you said for each program. Does
24 that mean one for Mahoning and one for Trumbull?

25 A. 150,000 for Mahoning and 150,000 four

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1 functions for PPGOH?

2 A. No.

3 Q. Where are they housed?

4 A. Four of them are housed at our
5 administrative offices in Youngstown, Ohio, which is
6 Mahoning County, and three of them are housed in our
7 health center in Cortland, Ohio, which is Trumbull
8 County.

9 Q. And in the event that the law you're
10 challenging takes effect, what steps do you expect to
11 take with respect to the OIMRI program?

12 A. Their employment will be terminated.

13 Q. And do you have an understanding as to
14 whether there was an arrangement for the Mahoning
15 County Health Department to directly employ the
16 employees who were previously employed by PPGOH?

17 A. My understanding was that our Healthy
18 Moms, Healthy Babies Program manager, the person that
19 oversees that small group, had conversations with
20 Mahoning County Board of Health about the possibility
21 of them employing those staff members.

22 My understanding was also that as we got
23 close to the May 23rd hearing she was told by the
24 County that they were going to post the positions to
25 the -- they had to post the positions to the general

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1 Trumbull, yes.

2 Q. And what expenses are associated with
3 operating the OIMRI program?

4 A. Salaries, travel expenses, training
5 expenses, office supplies, and client incentives.

6 Q. And can you quantify the amounts of
7 expenses associated with those that you just
8 described?

9 A. No, I can't recall the exact amounts.

10 Q. And can you give me just a ballpark, and
11 we'll look at the most recent year specifically?

12 MR. WOLFSON: Objection.

13 THE WITNESS: Yeah, I can't -- I can't
14 recall. The salaries, of course, are the biggest
15 amount. I will say mileage is probably the second
16 biggest amount. Training, the third biggest. Client
17 incentives -- so you see, I don't know how the exact
18 numbers -- because now I'm thinking client incentives
19 actually are higher than mileage requirement.
20 By Ms. Richardson:

21 Q. So let's look at each one individually
22 then. What is the amount that is attributed to
23 salary for the employees that work on the OIMRI
24 program?

25 A. So again, I don't know the exact amount,

<p style="text-align: right;">Page 97</p> <p>1 but it would be -- for instance, for Mahoning County 2 it would be three full-time employees' salaries, plus 3 half of the program manager's salary. 4 Q. And how much do they receive in salary? 5 A. It ranges from -- I can tell you the 6 hourly rate range. The hourly range, it's from 15 -- 7 sorry, from \$13 an hour to \$19 an hour, depending on 8 skills and time of service -- length of service in 9 the organization. 10 There are some staff in that program 11 that have been doing that program with us for 19 12 years. 13 Q. And you don't recall what their yearly 14 salary would amount to? 15 A. The exact amount right now, no. 16 Q. That's something you would record, 17 correct? 18 A. It is in the program budget. 19 Q. That's submitted to the Department of 20 Health? 21 A. Correct. 22 Q. And are they paid any incentives or 23 benefits or amounts beyond what would be referenced 24 in the ODH budget? 25 A. That's a good question, because we have</p>	<p style="text-align: right;">Page 99</p> <p>1 in the community might donate to the program. 2 Q. And so these are costs then that Planned 3 Parenthood would pay for out of its own budget rather 4 than directly through the grant, correct? 5 MR. WOLFSON: Objection. 6 THE WITNESS: Not necessarily the 7 budget. It would be donations from the community. 8 By Ms. Richardson: 9 Q. But sources funding other than the 10 grant, is that fair? 11 A. Yes. 12 Q. And so is it fair to say then that the 13 costs associated with operating OIMRI exceed what 14 comes in through the grant in revenues? 15 MR. WOLFSON: Objection. 16 THE WITNESS: The cost of certain 17 aspects of the grant will -- we see if there are 18 other external sources, I will say that. 19 By Ms. Richardson: 20 Q. And -- 21 A. Sorry. Sorry for interrupting. Because 22 we can run the program with the existing budget, it's 23 just external sources help with providing more 24 incentives to the clients. 25 Q. And so I want to just understand</p>
<p style="text-align: right;">Page 98</p> <p>1 been talking about salaries. And when I talk about 2 salaries I also -- I also include fringe benefits. 3 So if that's benefits that you're talking about, 4 unemployment, health insurance and all that, that's 5 incorporated into the salary. 6 Q. Into the salaries? 7 A. Yes. 8 Q. And so is the amount of the grant that 9 you receive enough to pay for the entire salaries of 10 the eight individuals that you've identified? 11 A. That's correct. 12 Q. And you don't -- Planned Parenthood does 13 not have to pay any additional amount beyond what the 14 grant covers? 15 A. That is correct. 16 Q. And what about with respect to travel 17 expenses, training expenses, office supplies, and 18 client incentives, does the grant cover all of those? 19 A. The grant covers all of them with the 20 exception of client incentives. Sometimes there's 21 not enough funding in the grant to buy enough client 22 incentives for the clients, and when there is an 23 opportunity and if there is extra funding available, 24 it is purchased to buy client incentives to give to 25 the clients such as diapers, baby formula, that some</p>	<p style="text-align: right;">Page 100</p> <p>1 financially. It's my understanding that this is one 2 area that you are prepared to talk about and would 3 have knowledge of, basically the overall costs and 4 revenues associated with these programs; is that 5 correct? 6 A. Yes. 7 Q. And so what I'm trying to understand is, 8 it sounds like there are costs associated with 9 operating OIMRI that are not entirely offset by the 10 revenues that come in through the grant, is that 11 fair? 12 MR. WOLFSON: Objection. Asked and 13 answered. Go ahead. 14 THE WITNESS: Yes. 15 By Ms. Richardson: 16 Q. And can you quantify just in a ballpark 17 what the amount of the costs that are not covered by 18 the grant would be? 19 A. No, because as I mentioned, it 20 completely depends on what the donation is that we 21 would just transfer to the client. 22 So one year it could be we got \$50 in 23 diapers that we're just sending to the clients, 24 another year it could be more than that. So I can't 25 quantify it.</p>

<p style="text-align: right;">Page 101</p> <p>1 Q. So let's look specifically at 2015. 2 What would you quantify for that year the amount of 3 the expenses that were not covered by the grant? 4 A. I'm trying to in my head see if I can 5 recall that line item in the budget, or a donation. 6 The ballpark if I want to say is a thousand dollars. 7 Q. In 2016? 8 A. In incentives, yes. 9 Q. And what about any other expenses that 10 wouldn't be covered by the grant? 11 A. No. 12 Q. And what about for 2014? 13 A. I will say the same amount, or maybe 14 \$1,500. 15 Q. And what about for 2013? 16 A. That, I don't recall having any 17 donations for incentives. 18 Q. Is it fair to say that the 1,000 to 19 \$1,500 amount that you've offered would be sort of a 20 typical average of the expenses that exceed the 21 amount that comes in through the grant? 22 A. I'm sorry, I'm confused with the word 23 "expenses", because they are really not expenses. If 24 we had not had those donations for diapers, for 25 instance, we would not provide that -- those diapers</p>	<p style="text-align: right;">Page 103</p> <p>1 that PPGOH offers that you believe are impacted by 2 the law that you're challenging in this case? 3 A. We have not received any letters from -- 4 about the other programs other than these three, so 5 no. 6 Q. And going back now for a moment to the 7 OIMRI program, are there any grant funds that you use 8 directly to purchase incentive for the participants? 9 A. Yes. 10 Q. And how much in grant funding would you 11 devote to incentives? 12 A. Again, I don't recall the exact 13 percentage out of \$150,000. 14 Q. Sure. 15 A. But as I was trying to recall from an 16 earlier question, it is -- besides salaries and 17 benefits, it's one of our biggest expenses. 18 Q. Can you give me just a ballpark range in 19 terms of thousands of dollars that would be devoted 20 to incentives? 21 A. And I've been trying to. I've been 22 trying to figure out and get a ballpark when you ask 23 me. I would say between 5,000 to \$10,000. 24 Q. And would that be typical looking back 25 over the last five years, that it would be 5- to</p>
<p style="text-align: right;">Page 102</p> <p>1 to the client, thus not being an expense. That's 2 what I'm a little bit confused. 3 Q. So is there a term that you feel more 4 comfortable using? It's an expense, it's an amount 5 that has to be paid, there's a cost associated? 6 MR. WOLFSON: Objection. 7 THE WITNESS: It's an amount -- it 8 doesn't have to be paid. If that amount is not there 9 to give to the client, then it's not given to the 10 client. So it doesn't have to be an expense. 11 If a private donor says here is \$50 12 worth of diapers, then we take those diapers to the 13 client, but that's only in the case when that is 14 available. If it's not available, then there's no 15 expense. That's what I'm trying to explain. 16 By Ms. Richardson: 17 Q. Sure. Do you recall any year where the 18 amount that came in through the OIMRI grant exceeded 19 what you spent on the program? 20 A. No. 21 Q. I'd like to ask you for a moment about a 22 program called VAWA. That is a program that PPGOH 23 participates in? 24 A. No. 25 Q. Are there any other educational programs</p>	<p style="text-align: right;">Page 104</p> <p>1 10,000 of the grant devoted to incentives? 2 A. Yes. 3 Q. I want to move now to some of the 4 interrogatory responses that I believe you may have 5 assisted in preparing. 6 MR. WOLFSON: Could I take just a quick 7 break? 8 MS. RICHARDSON: Ten minute break? 9 (Recess taken.) 10 By Ms. Richardson: 11 Q. And so I'm going to hand you now what we 12 will mark as Exhibit 2, and I'll represent to you 13 that these are the responses from PPGOH to the 14 interrogatories in this case. 15 And feel free to take a moment to look 16 at that before we begin questioning. And just let me 17 know when you're ready. 18 A. Okay. 19 Q. And to begin, I will direct your 20 attention to Interrogatory No. 1 which appears on 21 Page 4. And it asks to identify each person 22 answering these interrogatories. And is your name 23 included among the individuals who participated in 24 completing these interrogatories? 25 A. It is.</p>

<p style="text-align: right;">Page 105</p> <p>1 Q. And did you in fact contribute to 2 preparing these responses? 3 A. Yes. 4 Q. What was your role in responding to 5 these interrogatories? 6 A. I was collecting information in regards 7 to those three programs that we have been talking 8 about. 9 Q. And so I want to take a look at a couple 10 of answers specifically, and if at any point we get 11 to an answer that you did not participate in or you 12 don't have knowledge about, just let me know. 13 And so I'd ask you to turn to request 14 No. 3, which begins on Page 10. And that request 15 states, "Identify the bases, evidence, information, 16 sources, witnesses and any other support for your 17 allegation that Ohio Revised Code Section 3701.034 18 will cause you significant and irreparable harm, or 19 will have a devastating impact on you as alleged in 20 Paragraphs 8 and 67 of the complaint." Did I read 21 that correctly? 22 A. Yes. 23 Q. And it appears that there are a series 24 of objections provided on Page 10, and the 25 substantive answer begins at the top of Page 11,</p>	<p style="text-align: right;">Page 107</p> <p>1 educational programs that are not impacted by the 2 statute that's being challenged here; is that 3 correct? 4 A. For different populations, yes. 5 Q. And a little bit further down it 6 mentions, "Second, PPGOH would no longer be able to 7 provide testing and treatment for sexually 8 transmitted diseases without charge to patients who 9 currently qualify under the STD Prevention Program." 10 It's my understanding that that is not a 11 program that you are prepared to talk about today, 12 but that will be covered by another witness later 13 this afternoon? 14 A. That's correct. 15 Q. And the same with respect to the breast 16 and cervical health services that are mentioned 17 there? 18 A. Correct. 19 Q. And so moving down to the third -- the 20 sense that beings with, "Third, PPGOH will have to 21 cease providing HIV testing under the HIV Prevention 22 Program." And that is the HIV Prevention Program 23 that we have been discussing today, correct? 24 A. That's correct. 25 Q. And so is it fair to say that this</p>
<p style="text-align: right;">Page 106</p> <p>1 would you agree with me on that? 2 MR. WOLFSON: Objection. Go ahead. 3 THE WITNESS: I see more of that answer 4 on Page 11. 5 By Ms. Richardson: 6 Q. And is this an answer that you would 7 have been involved in responding to -- or sorry. 8 Is this an answer that you would have 9 been involved in preparing? 10 A. If you give me a second to review. 11 Q. Sure. 12 A. That is correct. 13 Q. And it lists there, starting at the 14 second full paragraph on Page 11, the sentence that 15 says, "First, PPGOH will have to discontinue the PREP 16 program." Did I read that correctly? 17 A. Yes. 18 Q. And I believe we have talked about that 19 already here today. Any other ways in which the law 20 that's being challenged here would impact the PREP 21 program? 22 A. Other than eliminating funding for that 23 program in its entirety, no. 24 Q. And I believe you testified earlier that 25 PPGOH would continue to offer a number of different</p>	<p style="text-align: right;">Page 108</p> <p>1 answer is just describing what you detailed today, 2 which is that PPGOH will no longer be offering the 3 specific HIV testing services that it previously 4 offered under this grant, correct? 5 A. Yes. 6 Q. And I believe you testified earlier that 7 you don't know whether HIV testing will continue to 8 be offered through the health centers, correct? 9 A. That's not under my area of expertise, 10 correct. 11 Q. And that's something that another 12 witness would be able to talk about today? 13 A. Yes. 14 Q. And in making this statement here on 15 Page 11 of the interrogatory responses, you were only 16 referring specifically to the HIV testing that takes 17 place under the prevention program we have discussed 18 here today, correct? 19 A. The free HIV testing, yes. 20 Q. Turning to Page 12. The first full 21 paragraph that begins -- states, "The following ten 22 positions were scheduled to be eliminated upon and as 23 a result of Section 3701.034 becoming effective." 24 Did I read that correctly? 25 A. Correct.</p>

<p style="text-align: right;">Page 109</p> <p>1 Q. And there are some positions identified 2 here. Have we talked about all of these positions 3 already today? Are these the same individuals that 4 you have referenced so far in our discussion today? 5 A. We have talked about all of them. 6 Q. And so it's fair to say that the 7 individuals that we have talked about are subsumed 8 within these ten positions that are identified here? 9 A. That's correct. 10 Q. I'd like to direct your attention to 11 Interrogatory No. 4, please, which is on Page 13. 12 And feel free to take a moment to review. 13 A. Okay. 14 Q. And specifically I'd like to ask you 15 about the sentence that begins with, "Additionally," 16 in the second paragraph under the response to 17 Interrogatory No. 4. 18 It states, "Additionally, they created a 19 new organization chart for PPGOH's education 20 department to account for the changes in funding, 21 staffing, and programming that would result from 22 Section 3701.034." Did I read that correctly? 23 A. Yes. 24 Q. What changes were made to the 25 organization chart?</p>	<p style="text-align: right;">Page 111</p> <p>1 positions that were described in the prior answer, is 2 that fair? 3 A. That is correct. Yes. 4 Q. And I'd like to direct your attention to 5 Interrogatory No. 7. And please let me know if this 6 is not something that you can testify about. And I 7 direct your attention to the top of page 17. And it 8 says, "The PPGOH health centers in Columbus and 9 Cleveland that provide abortions do not provide 10 services funded through any of the programs 11 identified in Section 3701.034. At those locations 12 as part of the abortion process PPGOH provides 13 medical evaluation and education to papers." Do you 14 see that? 15 A. Yes. 16 Q. Were you involved in preparing the 17 response to that question? 18 A. No. 19 Q. Is that something that you have any 20 knowledge about, or would that be covered by another 21 witness today? 22 A. It would be covered by another witness. 23 Q. I'd like to ask you about Interrogatory 24 No. 10, which begins on the top of Page 18. And it 25 asks, "For each fiscal year 2010 through 2015,</p>
<p style="text-align: right;">Page 110</p> <p>1 A. Basically the positions that are 2 outlined on Page 12 were taken from the Education and 3 Outreach department org. chart. 4 Q. And so apart from those employees, were 5 there any other changes made to the organization 6 chart that are -- that's being referred to here on 7 Page 13? 8 A. No. 9 Q. And so I'd like you to take a moment and 10 just read the paragraph that begins on the bottom of 11 Page 13, and continues on to the first half of Page 12 14. I'm going to ask you about parts of it, but we 13 won't be reading through the whole response. 14 A. That paragraph refers to the STD testing 15 program, and I have no knowledge of that program. 16 Q. And another witness will be prepared to 17 talk about that today? 18 A. Correct. 19 Q. Thank you. And then I'd like to draw 20 your attention to interrogatory No. 5. And again, it 21 refers to employees' positions that would likely be 22 terminated. Are these positions all subsumed within 23 the positions that we have previously discussed? 24 A. That's correct. 25 Q. And so those would be the same ten</p>	<p style="text-align: right;">Page 112</p> <p>1 describe the annual revenues, expenses, and net 2 income or losses attributable to each of the services 3 you claim has been, is, or will be impacted by 4 Section 3701.034." Do you see that? 5 A. Yes. 6 Q. And we have discussed some of that. If 7 you look at the response, it refers to annual program 8 budgets from 2013 to 2015. Are those the budgets 9 that you described earlier that are submitted to the 10 Ohio Department of Health? 11 A. That is correct. Either to the Ohio 12 Department of Health directly in some instances, or 13 indirectly to the subgovernment entity, which is a 14 local Health Department also outlined there. 15 Q. Thank you. And are there any program 16 budgets that PPGOH creates out of what is submitted 17 specifically to either ODH or the subrecipient, or 18 subgrantor? 19 A. No, each of these programs had their own 20 budget where the grant is allocated. 21 Q. Perfect. And let me rephrase a little 22 bit. 23 So it's my understanding based on what 24 you've described today, that you submit a formal 25 budget to either ODH or the local health district</p>

<p style="text-align: right;">Page 113</p> <p>1 that issues the grant, is that fair?</p> <p>2 A. That's correct.</p> <p>3 Q. And outside of what is formally</p> <p>4 submitted in connection with the grant, does PPGOH</p> <p>5 keep any internal budgets or financial documents that</p> <p>6 would track revenues and expenses on a program basis?</p> <p>7 A. Outside of those budgets? No, all of</p> <p>8 our budgets are -- all of our expenses are allocated</p> <p>9 to the specific budget of each of those grants.</p> <p>10 Q. And in the case of -- there were a few</p> <p>11 examples earlier that we discussed where there were</p> <p>12 some expenses that Planned Parenthood pays directly</p> <p>13 or through alternate sources of funding, correct?</p> <p>14 A. Correct.</p> <p>15 Q. Where would those be recorded? Those</p> <p>16 would not be reflected in the budgets submitted in</p> <p>17 connection with the grant, correct?</p> <p>18 MR. WOLFSON: Objection.</p> <p>19 THE WITNESS: They will -- they will not</p> <p>20 be reflected in that budget, but they are not</p> <p>21 recorded in any other budget. The budget that we</p> <p>22 have for the program, it is basically the same exact</p> <p>23 budget that we submitted with the grant proposal.</p> <p>24 By Ms. Richardson:</p> <p>25 Q. Okay. And so any other expenditures,</p>	<p style="text-align: right;">Page 115</p> <p>1 that, will immediately be tracked to that. And the</p> <p>2 education department and outreach has no connection</p> <p>3 with our health provision services.</p> <p>4 Q. And do you know whether -- are there</p> <p>5 overarching protocols or policies in place that help</p> <p>6 keep funds from these various programs separate from</p> <p>7 the provision of abortion services?</p> <p>8 A. What I can say is there are a lot of</p> <p>9 systems in place for that type of funding not to be</p> <p>10 allocated to different types of fundings, and the</p> <p>11 next witness will be an expert in this subject.</p> <p>12 Q. Thank you. And then I'd ask you to take</p> <p>13 a look at interrogatory No. 15, and the interrogatory</p> <p>14 is on Page 20, and the response begins on Page 21.</p> <p>15 A. Okay.</p> <p>16 Q. And interrogatory No. 15 asks you to,</p> <p>17 "Identify any and all programs, services, or</p> <p>18 activities that you contend you will not provide if</p> <p>19 Section 3701.034 is implemented." Did I read that</p> <p>20 correctly?</p> <p>21 A. That's correct.</p> <p>22 Q. And I believe we have covered all of the</p> <p>23 items that are identified in your response to</p> <p>24 interrogatory No. 15.</p> <p>25 A. Correct.</p>
<p style="text-align: right;">Page 114</p> <p>1 would those be sort of subsumed within the</p> <p>2 organization's overall expenses?</p> <p>3 A. That is correct.</p> <p>4 Q. Okay. Response to Interrogatory No. 13</p> <p>5 begins on the top of Page 20. And the second</p> <p>6 sentence there states, "None of the funds received</p> <p>7 from each of the programs identified in Section</p> <p>8 3701.034 contribute directly or indirectly to the</p> <p>9 provision, performance, or promotion of abortion."</p> <p>10 Do you see that?</p> <p>11 A. Yes.</p> <p>12 Q. And is that a statement you would agree</p> <p>13 with?</p> <p>14 A. Yes.</p> <p>15 Q. And how do you know -- and we'll focus</p> <p>16 specifically on the programs that you are talking</p> <p>17 about, the educational programs.</p> <p>18 How do you know that none of the funding</p> <p>19 that comes in related to those programs directly or</p> <p>20 indirectly contributes to the performance of</p> <p>21 abortion?</p> <p>22 A. So as I was mentioning before, each</p> <p>23 expense for this these programs is immediately</p> <p>24 allocated to that program and tracked to that program</p> <p>25 through salary, expenses, purchases, or anything like</p>	<p style="text-align: right;">Page 116</p> <p>1 Q. And aside from what is listed here and</p> <p>2 what we have talked about today, are there any other</p> <p>3 services or programs that you contend you will no</p> <p>4 longer be able to provide if the challenged law takes</p> <p>5 effect?</p> <p>6 A. We have not -- we have no inclination to</p> <p>7 believe that there are other programs effected.</p> <p>8 Q. So what's listed here in response to</p> <p>9 interrogatory No. 15 would cover all of the programs</p> <p>10 that you claim you will no longer be able to provide</p> <p>11 if the law takes effect, is that fair?</p> <p>12 MR. WOLFSON: Objection. Asked and</p> <p>13 answered. Go ahead.</p> <p>14 THE WITNESS: These are all the programs</p> <p>15 that for which we have received a letter of</p> <p>16 termination from the funder, yes.</p> <p>17 By Ms. Richardson:</p> <p>18 Q. And I just want to make sure. I</p> <p>19 understand that you received a letter from ODH. And</p> <p>20 in addition to that you've described certain analyses</p> <p>21 or steps that PPGOH has taken to determine the impact</p> <p>22 that this law would have if it takes effect, correct?</p> <p>23 A. Correct.</p> <p>24 Q. And what I just want to make sure is,</p> <p>25 are there any other programs, services, or activities</p>

<p style="text-align: right;">Page 117</p> <p>1 that you believe, based on your analyses, that you 2 would no longer be able to provide if this law takes 3 effect? 4 MR. WOLFSON: Objection. Asked and 5 answered. 6 THE WITNESS: No. 7 By Ms. Richardson: 8 Q. I'll ask you to turn to interrogatory 9 No. 18. And we may need to pull out the actual 10 complaint, and we can do so if you need to. 11 In interrogatory 18 says, "With regards 12 to the HIV test you allege you provide in Paragraph 13 39 of the complaint, state the number of tests that 14 are funded through the HIV Prevention Program and all 15 bases, evidence, information, sources, witnesses, and 16 any other support for your response." Do you see 17 that? 18 A. Yes. 19 Q. And do you have knowledge of how many of 20 the overall STD -- I'm sorry, strike that. 21 Do you have knowledge of the overall 22 number of HIV testing that is attributable to the HIV 23 Prevention Program? 24 MR. WOLFSON: Is there a time frame to 25 that?</p>	<p style="text-align: right;">Page 119</p> <p>1 different, but is that referring to the HIV 2 Prevention Program that we have been discussing 3 today? 4 A. Yes. 5 Q. The minority HIV/AIDS initiative, does 6 that relate to something different? 7 A. No, I believe the minority HIV/AIDS 8 initiative is the name of the grant that comes out of 9 the Ohio Department of Health to the local health 10 departments. 11 Q. And so this is all again referring to 12 the HIV Prevention Program that we have been 13 discussing today? 14 A. Yes. 15 Q. And so what I was interested in just 16 understanding, there are some statistics set forth in 17 this section, and I'll actually direct your attention 18 to Paragraph 42. Actually, I apologize, it's 19 Paragraph 39. Sorry about that. 20 A. No problem. 21 Q. And the last sentence in that paragraph 22 states, "PPGOH uses its minority HIV/AIDS initiative 23 fund to provide anonymous and confidential HIV tests 24 to low income and minority Ohioans. PPGOH's program 25 focuses on African American women with risk factors</p>
<p style="text-align: right;">Page 118</p> <p>1 MS. RICHARDSON: Let me stop for a 2 moment. It might be easier if we -- I think we have 3 the complaint, and if not, we can get it. And I will 4 mark this as Exhibit 3. 5 (EXHIBIT MARKED FOR IDENTIFICATION.) 6 By Ms. Richardson: 7 Q. So I'm handing you what's been marked as 8 Exhibit 3. And I'll direct your attention to 9 Paragraph 39. 10 A. Okay. 11 Q. And first of all, is this the 12 complaint -- you indicated earlier that you had 13 reviewed the complaint that was submitted in this 14 case. 15 A. Yes. 16 Q. And is this the complaint that you 17 reviewed? 18 A. Yes. 19 Q. And on Page 11 of the complaint, and 20 actually it's starting with Paragraph 37, there's a 21 caption there that says, "Minority HIV/AIDS 22 Initiative and HIV Prevention Program." Do you see 23 that? 24 A. Yes. 25 Q. And the terminology is a little bit</p>	<p style="text-align: right;">Page 120</p> <p>1 for HIV." Do you see that? 2 A. Yes. 3 Q. And this may relate to the same question 4 earlier that you may not know. This is not intended 5 to represent that all anonymous and confidential HIV 6 tests that PPGOH provides are funded through the HIV 7 Prevention Program, is it? 8 A. It is -- yeah, the sentence here only 9 refers to the free HIV testing and not to the HIV 10 testing services that our health services division 11 provides. 12 Q. And do you know what percentage of the 13 HIV testing you provide is attributable to the HIV 14 Prevention Program? 15 A. I do not. 16 Q. Is that something that the other witness 17 would be able to testify to? 18 A. I do not know if we have ever allocated 19 both testings in that matter, if we have -- at any 20 point put them all together. 21 Q. Do you know -- Just focussing on the HIV 22 Prevention Program specifically, do you know how many 23 tests you provide through the HIV Prevention Program 24 specifically? 25 A. In the last calendar year?</p>

<p style="text-align: right;">Page 121</p> <p>1 Q. Yes.</p> <p>2 A. We provided 3,600 tests, free HIV tests.</p> <p>3 Q. And do you know how many tests overall</p> <p>4 that PPGOH would provide?</p> <p>5 A. No.</p> <p>6 Q. Is that a number that would be tracked?</p> <p>7 A. Yes. And I believe that number would be</p> <p>8 in agency program reports that were submitted.</p> <p>9 Q. So earlier we talked about a budget</p> <p>10 that's submitted to the Department of Health. Is</p> <p>11 this something different?</p> <p>12 A. Yes. An agency program report was</p> <p>13 submitted as part of the documentation requested.</p> <p>14 Q. In response to our request for</p> <p>15 production of documents?</p> <p>16 A. Yes, that's correct.</p> <p>17 Q. Okay. And is that something that you</p> <p>18 submit to the Department of Health or to any other</p> <p>19 entity?</p> <p>20 A. It is a public document that you can</p> <p>21 obtain from our website, but I am not sure if we send</p> <p>22 it directly to any entity. I'm not sure.</p> <p>23 Q. And do you participate in preparing the</p> <p>24 agency program report?</p> <p>25 A. In certain aspects, yes.</p>	<p style="text-align: right;">Page 123</p> <p>1 workers, certified community health workers, are not</p> <p>2 counselors, so that's not a word that we would use to</p> <p>3 describe the services that they provide to the</p> <p>4 mothers. They are educational services in case</p> <p>5 management and referrals.</p> <p>6 Q. And so in connection with referrals, I</p> <p>7 assume then that they would provide various referrals</p> <p>8 to agencies or other services in the community that</p> <p>9 might be helpful for the women participating, is that</p> <p>10 fair?</p> <p>11 A. That's correct.</p> <p>12 Q. And what happens in the event that a</p> <p>13 current participant tells the OIMRI staff member that</p> <p>14 she is pregnant?</p> <p>15 MR. WOLFSON: Objection.</p> <p>16 By Ms. Richardson:</p> <p>17 Q. Would she be given referrals to other</p> <p>18 resources available in the community?</p> <p>19 A. According to the grant guidelines, the</p> <p>20 OIMRI grant guidelines, when a current program</p> <p>21 participant -- and remember that in order to become a</p> <p>22 program participant you already are being pregnant,</p> <p>23 or have a child under the age of 2.</p> <p>24 If someone within the program is</p> <p>25 pregnant again, the case -- the staff member -- the</p>
<p style="text-align: right;">Page 122</p> <p>1 Q. What aspects would you contribute to?</p> <p>2 A. The education number, Education and</p> <p>3 Outreach numbers.</p> <p>4 Q. Let me just double-check to see if there</p> <p>5 are any other issues that I need to cover with you</p> <p>6 before we let you go, but I think I am close to being</p> <p>7 done here.</p> <p>8 Let me just ask you -- let me return</p> <p>9 back for a moment to the OIMRI program that we were</p> <p>10 discussing previously.</p> <p>11 Are there circumstances where one of the</p> <p>12 PPGOH employees providing counselling or services</p> <p>13 under OIMRI would provide counseling to a participant</p> <p>14 who is currently pregnant?</p> <p>15 MR. WOLFSON: Objection. Go ahead.</p> <p>16 THE WITNESS: So I would like to clarify</p> <p>17 the word "counseling".</p> <p>18 By Ms. Richardson:</p> <p>19 Q. So my understanding is that in</p> <p>20 connection with OIMRI, the staff members devoted to</p> <p>21 that program work with various participants, women,</p> <p>22 who are receiving various services and counseling, is</p> <p>23 that fair and correct as preface necessary?</p> <p>24 A. Yeah, that is not correct, as they are</p> <p>25 not -- the staff members which are community health</p>	<p style="text-align: right;">Page 124</p> <p>1 PPGOH staff member's required to provide referral</p> <p>2 services to -- according to the needs of the person.</p> <p>3 Q. And would the referrals that the staff</p> <p>4 member would provide include referrals to abortion</p> <p>5 centers?</p> <p>6 MR. WOLFSON: Objection.</p> <p>7 THE WITNESS: I'm trying to think if</p> <p>8 that is something that's stipulated by the grant, and</p> <p>9 I don't think it is outlined specifically by the</p> <p>10 grant that that referral has to be made.</p> <p>11 By Ms. Richardson:</p> <p>12 Q. What about outside of the grant, is that</p> <p>13 something that you would have PPGOH policies or</p> <p>14 procedures that would direct the employee to provide</p> <p>15 various counseling referrals related to abortion</p> <p>16 services?</p> <p>17 A. The employee has to follow the grant</p> <p>18 guidelines strictly, and if that is something that</p> <p>19 the grant is not stipulated that the staff member can</p> <p>20 do, that's not allowed.</p> <p>21 Q. And does the grant specify specifically</p> <p>22 all of the community services that are available as</p> <p>23 referrals, or is that something that the employee</p> <p>24 comes up with his or herself to provide?</p> <p>25 A. I believe that's a list that is agreed</p>

<p style="text-align: right;">Page 125</p> <p>1 upon by the grantor, or in this case the local Health 2 Department. 3 Q. And so the grant wouldn't necessarily 4 cover all areas that might come up in the course of 5 the employee working with the participant, would 6 they? 7 A. By all areas, what do you mean? 8 Q. So I think you testified earlier that 9 the employee would provide referrals or services 10 based on the particular needs of the participant, 11 correct? 12 A. Right. Correct. 13 Q. And so that could be a number of 14 different possibilities, right? 15 A. Yes. 16 Q. And the grant wouldn't specify in detail 17 referrals for all of those possibilities, right? 18 A. Correct. 19 Q. So the employee has some discretion then 20 to offer referrals or information that the 21 participant needs that are not specifically 22 identified in the grant, correct? 23 MR. WOLFSON: Objection. 24 THE WITNESS: As long as it's within 25 what the grant intent is, which is the reduction in</p>	<p style="text-align: right;">Page 127</p> <p>1 manager who reports to an education director, who 2 reports to me. 3 Q. But sitting here today you don't know 4 whether abortion services would be among the referral 5 items that the OIMRI employee would provide if a 6 woman in the program becomes pregnant? 7 MR. WOLFSON: Objection. Asked and 8 answered. Go ahead. 9 THE WITNESS: My answer was as to your 10 specific situation, if a woman came to one of our 11 staff members and asked that, I don't know if that 12 ever happens, so that's why I can't speak to that 13 situation. 14 By Ms. Richardson: 15 Q. And do you provide training to your 16 OIMRI staff members? 17 A. Yes. 18 Q. Is that an area that would be covered in 19 the training that they would receive? 20 A. It would be not specifically -- a 21 referral process is part of the training, but not 22 specifically what do you do in this particular case. 23 Q. Sure. So let's step out of the specific 24 example then and talk about more generally. What 25 would the training or protocols that you offer for</p>
<p style="text-align: right;">Page 126</p> <p>1 infant mortality, the employee can make referrals to 2 that purpose. 3 By Ms. Richardson: 4 Q. And so if a current participant 5 indicates that she is pregnant again and that she 6 does not want to continue the pregnancy, would there 7 be referrals made to abortion services? 8 MR. WOLFSON: Objection. 9 THE WITNESS: I don't know -- I can't 10 speak of a situation that I have encountered, so I 11 don't know. 12 By Ms. Richardson: 13 Q. Who would know the answer to that? 14 A. That would be someone who works directly 15 with the staff -- with the client, or the local 16 Health Department who sets the regulations. 17 Q. And so these would be the OIMRI staff 18 members who actually provide the counseling? 19 A. Right. 20 MR. WOLFSON: Objection. 21 By Ms. Richardson: 22 Q. And ultimately these OIMRI staff members 23 report to you, correct? They are within the 24 education system? 25 A. They report to someone, an education</p>	<p style="text-align: right;">Page 128</p> <p>1 the OIMRI program -- what would they instruct the 2 staff member to do with respect to referrals, 3 generally speaking? 4 A. Right. So according to the grant 5 guidance, a referral list has to be preapproved by 6 the local Health Department on services that are 7 related to the infant mortality prevention or infant 8 mortality reduction. 9 So staff members are presented with that 10 referral list, and they are instructed to adhere to 11 that list when making referrals. 12 Q. And are abortion providers included on 13 that list of referrals? 14 A. No, they are not. 15 Q. Is PPGOH provided on the list of 16 referrals? 17 A. PPGOH is provided as a family planning 18 provider in that area. 19 Q. Go ahead. 20 A. I just want to remind you, PPGOH does 21 not provide abortion services in the Youngstown and 22 Trumbull County area. 23 Q. And so let me ask you, this was an area 24 that I was going to go into later in the day with the 25 other witness, but do you have knowledge as to which</p>

<p style="text-align: right;">Page 129</p> <p>1 of the PPGOH locations do provide abortion services?</p> <p>2 MR. WOLFSON: Objection.</p> <p>3 THE WITNESS: Planned Parenthood of</p> <p>4 Greater Ohio has two locations that provide abortion</p> <p>5 services. They are located in Columbus and another</p> <p>6 one is located in Bedford Heights.</p> <p>7 By Ms. Richardson:</p> <p>8 Q. I'm sorry, Bethel Heights?</p> <p>9 A. Bedford Heights.</p> <p>10 Q. Thank you. Are you familiar with a term</p> <p>11 called options counseling?</p> <p>12 A. Yes.</p> <p>13 Q. What does that mean to you?</p> <p>14 MR. WOLFSON: Objection.</p> <p>15 THE WITNESS: Options counseling is a</p> <p>16 term -- in my knowledge, is a term referred to an</p> <p>17 education session that is provided to a woman when</p> <p>18 she decides to talk to a professional about her</p> <p>19 pregnancy options.</p> <p>20 By Ms. Richardson:</p> <p>21 Q. And are there circumstances under which</p> <p>22 an OIMRI staff member would provide options</p> <p>23 counseling to one of the participants?</p> <p>24 A. No, they are not qualified to do that.</p> <p>25 Q. Who is qualified to do that?</p>	<p style="text-align: right;">Page 131</p> <p>1 Q. Okay. Are there circumstances in which</p> <p>2 health professionals in the Youngstown health center</p> <p>3 would provide options counseling to patients?</p> <p>4 A. Can you specify which health</p> <p>5 professionals?</p> <p>6 Q. Sure. Let me back up more generally.</p> <p>7 You just testified that within the education</p> <p>8 department none of the employees are qualified to</p> <p>9 provide options counseling?</p> <p>10 A. Correct.</p> <p>11 Q. Are there protocols or policies in place</p> <p>12 for circumstances where an employee in the education</p> <p>13 department would refer participants to someone in the</p> <p>14 health services center for options counseling?</p> <p>15 A. I'm sorry, I'm trying to think of a</p> <p>16 situation where that would be the case. No.</p> <p>17 Q. And so if someone in the course of PREP</p> <p>18 or the HIV testing or OIMRI encounters a participant</p> <p>19 who says I'm pregnant and I'm not sure what to do,</p> <p>20 what would be the appropriate response for the PPGOH</p> <p>21 employee that's interacting with that individual?</p> <p>22 A. To follow the guidelines of the grant on</p> <p>23 the stipulation of the grant. If the grant provides</p> <p>24 any information about that, the staff member will</p> <p>25 provide the information. But it is not located in</p>
<p style="text-align: right;">Page 130</p> <p>1 A. Another professional.</p> <p>2 Q. Within PPGOH specifically, which</p> <p>3 professionals are qualified to provide options</p> <p>4 counseling?</p> <p>5 A. That would be a question for the other</p> <p>6 witness. That's part of the health services.</p> <p>7 Q. What about within the education program</p> <p>8 of PPGOH generally, are there any employees who would</p> <p>9 be qualified to provide options counseling?</p> <p>10 A. They are not.</p> <p>11 Q. What about the HIV testing specialists?</p> <p>12 A. They are not.</p> <p>13 Q. Those would all be exclusively covered</p> <p>14 within the Health Department section or health center</p> <p>15 section?</p> <p>16 A. Health services, yes.</p> <p>17 Q. Health service, thank you. And I think</p> <p>18 you mentioned earlier that the Youngstown health</p> <p>19 center has some involvement in the OIMRI program; is</p> <p>20 that correct, or did I misunderstand that?</p> <p>21 A. No, you were asking where these people</p> <p>22 were housed, and I think that's what my reference to</p> <p>23 some of them are housed -- their desks are in the</p> <p>24 Cortland area, that same building where our health</p> <p>25 center is.</p>	<p style="text-align: right;">Page 132</p> <p>1 any of these three grants specifically.</p> <p>2 So in that case the staff member will</p> <p>3 say at this point that's not part of what I'm here to</p> <p>4 present, and I'm here to present this information.</p> <p>5 Q. And would the staff member then say in</p> <p>6 the event that you would like information on that,</p> <p>7 you can contact someone at our -- in our health</p> <p>8 services department?</p> <p>9 A. I'm trying to think of that. Staff --</p> <p>10 the staff member will say there's resources in the</p> <p>11 community that you could search for for that</p> <p>12 particular service, but not give specifics.</p> <p>13 Q. And not provide specifics in terms of</p> <p>14 the --</p> <p>15 A. If it's not listed in the approved list</p> <p>16 of referrals, no.</p> <p>17 Q. And I apologize if I asked you this</p> <p>18 earlier, but for any of the education programs that</p> <p>19 we have been discussing today, would there be</p> <p>20 organizations that provide abortion services included</p> <p>21 among the referrals in the list?</p> <p>22 MR. WOLFSON: Objection. Asked and</p> <p>23 answered.</p> <p>24 THE WITNESS: The referral list -- I'm</p> <p>25 going program by program on this.</p>

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1 By Ms. Richardson:

2 Q. Thank you.

3 A. Some of those referral lists include
4 Planned Parenthood.

5 Q. And which lists would that be?

6 A. That would be the PREP list.

7 Q. Any other referral lists?

8 A. That includes specific Planned
9 Parenthood? Let me think. I don't believe so.

10 Q. What about any other abortion provider?

11 A. No.

12 Q. And you mentioned that in OIMRI, Planned
13 Parenthood of Greater Ohio is listed as a referral,
14 correct?

15 A. Correct.

16 Q. For family planning services?

17 A. For family planning. And here I think
18 we need to clarify, because my second answer when you
19 said any other abortion provider, does it include any
20 abortion provider, when we're talking about OIMRI, I
21 was not thinking of Planned Parenthood as an abortion
22 provider because it's name is there for family
23 planning services. Same thing with PREP. But if you
24 think of Planned Parenthood as overall services, it
25 is an abortion provider.

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1 Q. Thank you for clarifying.

2 MS. RICHARDSON: I think that I am done
3 with you. I would reserve the right to call him back
4 in the event that an area that we believe is being
5 covered by another witness is not covered. Is now a
6 good time to take a lunch break?

7 MR. WOLFSON: Sure.

8 (Lunch recess.)

9 - - -

10 Barbara Singhaus,
11 being by me first duly sworn, as hereinafter
12 certified, deposes and says as follows:

13 EXAMINATION

14 By Ms. Richardson:

15 Q. Good afternoon, Ms. Singhaus.

16 A. Thank you.

17 Q. We just met, but for the record my name
18 is Ryan Richardson, and I work for the Ohio Attorney
19 General's office, and I'm here today on behalf of the
20 defendant in this case, the Department of Health.

21 Have you ever been deposed prior to
22 today?

23 A. No.

24 Q. And so I'm just going to try to quickly
25 go over a couple of the ground rules for today. As

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1 you probably already know, I'm going to be asking you
2 a series of questions today. You have counsel here
3 who will be making objections. Unless he expressly
4 instructs you not to answer a question, then those
5 objections are just for the record and you will be
6 able to go ahead and just answer the question that
7 I've asked, if you understand it.

8 If at any point you don't understand a
9 question that I've asked, please let me know and I'm
10 happy to rephrase the question. If you do answer the
11 question, however, I'm going to assume that you did,
12 in fact, understand it. Is that fair?

13 A. Yes.

14 Q. If you need a break at any point in
15 time, just let me know and we'll take one. All that
16 I ask is that you wait until you have answered the
17 pending question before you take a break.

18 None of the questions that I'm going to
19 ask you today are intended to elicit any personal
20 identifying information about any patient. So if you
21 believe that a question I have asked would require
22 you to divulge that information, please stop and let
23 me know and I will make sure that we rephrase it.

24 Are you taking any medication or is
25 there any reason today that you would not be able to

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1 answer questions completely and honestly?

2 A. No.

3 Q. Okay. Any questions before we start?

4 A. No.

5 Q. I am going to just start and ask you to
6 state for the record what your current position is
7 for Planned Parenthood of Greater Ohio.

8 A. I am the chief operating officer and the
9 chief financial officer.

10 Q. And how long have you been in that
11 position?

12 A. Two-and-a-half years.

13 Q. And that is the chief operating officer
14 and financial officer for Planned Parenthood of
15 Greater Ohio?

16 A. That's correct.

17 Q. And if I refer to that today as PPGOH,
18 will we understand that that's Planned Parenthood of
19 Greater Ohio?

20 A. Yes.

21 Q. And prior to becoming the chief
22 operating officer and chief financial officer were
23 you employed with Planned Parenthood?

24 A. No.

25 Q. So two-and-a-half years ago was your

<p style="text-align: right;">Page 137</p> <p>1 first position with Planned Parenthood; is that 2 correct? 3 A. That's correct. 4 Q. What did you do prior to joining Planned 5 Parenthood, Greater Ohio? 6 A. I was in public accounting for 15 years. 7 I was a nonprofit consultant in the accounting area 8 for 20 years before that, after that, and I was 9 currently serving on the Planned Parenthood of 10 Greater Ohio board when I resigned from the board and 11 became employed. 12 Q. And so when did you begin serving on the 13 Planned Parenthood board? 14 A. I served on the Planned Parenthood of 15 Northeast Ohio board premerger. 16 Q. And maybe now this is as good of time as 17 any. One of the questions that I wanted to ask you 18 about is Planned Parenthood of Greater Ohio's 19 corporate structure. And I understand that has 20 changed a little bit over time; is that correct? 21 A. We merged; Planned Parenthood of 22 Northeast Ohio and Planned Parenthood of Central Ohio 23 merged as of July 1, 2012. 24 Q. So is it fair to say that Planned 25 Parenthood of Greater Ohio did not exist until 2012?</p>	<p style="text-align: right;">Page 139</p> <p>1 board? 2 A. Yes, I was the chairperson initially in 3 2007. 4 Q. And did you serve in any other capacity 5 on the board besides chairperson? 6 A. No. 7 Q. So from 2007 until the time that you 8 took the position for Planned Parenthood of Greater 9 Ohio, you were the chairperson of the board? 10 A. I was the chairperson of the Northeast 11 Ohio board from 2007 until approximately 2010. 12 Q. And then what did you do between 2010 13 and 2012? 14 A. I was just a board member. 15 Q. And I will not ask you to go through all 16 of your various positions previously, but prior to 17 joining the board for Planned Parenthood of Northeast 18 Ohio did you have any other employment or affiliation 19 with any Planned Parenthood organization? 20 A. I served on other Planned Parenthood 21 boards of Stark County. 22 Q. And when was that? 23 A. From approximately late 1990s to 2007. 24 I was also a board member of Planned Parenthood 25 Federation of America, PPFA.</p>
<p style="text-align: right;">Page 138</p> <p>1 A. Until July 1 of 2012, that's correct. 2 Q. And so that was a merger of Planned 3 Parenthood of Northeast Ohio and Planned Parenthood 4 of Central Ohio; is that correct? 5 A. Correct. 6 Q. And aside from merging those two 7 organizations and changing the name, did that have 8 any other legal impact on Planned Parenthood of 9 Greater Ohio's sort of corporate status? 10 A. We formed the corporate status at that 11 time, and it's a 501(c)(3) organization, independent 12 corporation. 13 Q. And at that point in time Planned 14 Parenthood of Central Ohio and Planned Parenthood of 15 Northeast Ohio ceased to exist as independent 16 corporate entities? 17 A. Correct. 18 Q. Thank you. And so I apologize for 19 asking you again, but you were initially on the board 20 for Planned Parenthood of Northeast Ohio; is that 21 correct? 22 A. Yes. 23 Q. And when did you begin on that board? 24 A. In 2007. 25 Q. Did you have any executive roles on the</p>	<p style="text-align: right;">Page 140</p> <p>1 Q. Thank you. And when were you a board 2 member of PPFA? 3 A. From 2003 to -- I'm sorry. From 1993 to 4 2000. 5 Q. And can you describe what Planned 6 Parenthood -- what we'll call PPFA for short today, 7 can you describe what that is? 8 A. PPFA is a federation of which Planned 9 Parenthood separate corporation affiliates across the 10 country belong to in a membership status. 11 Q. And what is Planned Parenthood of 12 Greater Ohio's relationship to PPFA? 13 A. We are a member of PPFA. 14 Q. And what does it mean to be a member? 15 A. It means that we abide by their 16 standards of care, and we pay membership dues, and we 17 can use the trademark. 18 Q. Do you receive funding from PPFA? 19 A. We receive specific restricted grants 20 from time to time. 21 Q. And what is a restricted grant? 22 A. A grant to be used for a specific 23 purpose. 24 [REDACTED] 25 [REDACTED]</p>

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1 [REDACTED]
 2 A. No.
 3 Q. What is PPGOH's relationship to Planned
 4 Parenthood of Southwest Ohio?
 5 A. We are the only two Planned Parenthoods
 6 in the State of Ohio. We both operate in separate
 7 corporations, and are colleagues to --
 8 Q. Thank you. I apologize for
 9 interrupting.
 10 A. That's okay.
 11 Q. And are each of you then members of
 12 PPFA?
 13 A. Yes.
 14 Q. And if I refer to Planned Parenthood of
 15 Southwest Ohio as PPSWO today, will you understand
 16 what I'm referring to?
 17 A. Yes.
 18 Q. Thank you. And can you just briefly
 19 describe what your educational background is and any
 20 certifications you may possess?
 21 A. I have a bachelor of science in
 22 accounting, and I'm a certified public accountant in
 23 inactive status.
 24 Q. And how long have you been in inactive
 25 status?

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1 A. Since I left public accounting 25 years
 2 ago.
 3 Q. Can you generally describe for me now
 4 what your responsibilities include as the COO and CFO
 5 for PPGOH?
 6 A. In terms of the chief operating officer
 7 position I oversee the administrative portions of our
 8 health services division, our IT division, facilities
 9 with managers underneath that.
 10 And I oversee the finance department.
 11 Q. Approximately how many employees total
 12 report to you?
 13 A. I have approximately 15 direct reports.
 14 Q. And how many different locations does
 15 PPGOH operate throughout the State of Ohio?
 16 A. We have 21 health centers in 20
 17 locations.
 18 Q. Twenty-one health centers in 20
 19 locations?
 20 A. Yes.
 21 Q. And that reminds me, one ground rule I
 22 forgot to go over. As you can see, we have a Court
 23 Reporter here, so we do have to make sure that all of
 24 our answers are audible for her to get down on the
 25 transcript.

<p style="text-align: right;">Page 145</p> <p>1 A. Thank you.</p> <p>2 Q. And so why are there 21 health centers</p> <p>3 but only 20 locations?</p> <p>4 A. In Bedford Heights we have a three-story</p> <p>5 building with a family planning center on the ground</p> <p>6 floor and our surgical center on the second floor.</p> <p>7 Q. And that's in Bedford Heights?</p> <p>8 A. Correct.</p> <p>9 Q. And how many surgical centers does PPGOH</p> <p>10 operate?</p> <p>11 A. Two.</p> <p>12 Q. And so one is the Bedford Heights that</p> <p>13 you just mentioned; is that correct?</p> <p>14 A. Correct.</p> <p>15 Q. And what's the other location?</p> <p>16 A. East Columbus.</p> <p>17 Q. And are those the only two locations at</p> <p>18 which abortion services would be provided?</p> <p>19 A. Correct.</p> <p>20 Q. And in the Bedford Heights location what</p> <p>21 additional services beyond abortion services are</p> <p>22 provided there?</p> <p>23 A. On the first floor is our family</p> <p>24 planning center, which is separate from the abortion</p> <p>25 facility. And we provide complete gynecological</p>	<p style="text-align: right;">Page 147</p> <p>1 testing?</p> <p>2 A. Yes.</p> <p>3 Q. And is there someone then who would</p> <p>4 conduct an evaluation to determine whether any</p> <p>5 symptoms were present for STIs?</p> <p>6 A. It would be part of their prescreening.</p> <p>7 Q. And so the protocol would require them</p> <p>8 to do that for every patient that would come in, is</p> <p>9 that accurate?</p> <p>10 A. I believe that's just part of the</p> <p>11 prescreening protocol to do the inquiry.</p> <p>12 Q. What else does the prescreening inquiry</p> <p>13 at the surgical center include?</p> <p>14 A. It includes the hemoglobin, blood work,</p> <p>15 it includes the ultrasound. It would include the</p> <p>16 educational informed consent.</p> <p>17 Q. Could a patient receive any other</p> <p>18 general gynecological services or screening at the</p> <p>19 surgical center?</p> <p>20 A. Birth control; discussion of birth</p> <p>21 control would be part of that prescreening.</p> <p>22 Q. What about breast cancer or cervical</p> <p>23 cancer screening, would that be done at the surgical</p> <p>24 center?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 146</p> <p>1 family planning services there.</p> <p>2 Q. And what about in the surgical center in</p> <p>3 Bedford Heights, beyond abortion services what other</p> <p>4 services would be offered?</p> <p>5 A. Primarily the education, the informed</p> <p>6 consent, the preservices to the surgical procedure.</p> <p>7 Q. Would testing for STIs take place in the</p> <p>8 surgical center?</p> <p>9 A. No, it's in the -- for -- there is</p> <p>10 testing that takes place in the surgical center. For</p> <p>11 our program related, it would only be in the family</p> <p>12 planning center.</p> <p>13 Q. And so right now I'm just talking STI</p> <p>14 testing generally without reference to any particular</p> <p>15 program. So there would be some STI testing that</p> <p>16 would take place in the surgical center; is that</p> <p>17 correct?</p> <p>18 A. Correct.</p> <p>19 Q. And do you know specifically what types</p> <p>20 of STI screening or testing would take place in the</p> <p>21 surgical center?</p> <p>22 A. Syphilis -- gonorrhea. And any other</p> <p>23 specific test that there may be symptoms appearing</p> <p>24 from.</p> <p>25 Q. Talking again still with respect to STI</p>	<p style="text-align: right;">Page 148</p> <p>1 Q. Any other services that we haven't</p> <p>2 discussed that would be conducted in the surgical</p> <p>3 center?</p> <p>4 A. Not to my knowledge at this point.</p> <p>5 Q. And what about with respect to the other</p> <p>6 location that you mentioned, east Columbus, what</p> <p>7 services would be offered at that location?</p> <p>8 A. In addition to everything I named,</p> <p>9 vasectomies are offered at that location as well.</p> <p>10 Q. And is there a family planning center</p> <p>11 located at east Columbus?</p> <p>12 A. No.</p> <p>13 Q. And so are the two surgical centers</p> <p>14 included within the 21 health centers that you</p> <p>15 offered, or are those separate?</p> <p>16 A. Included.</p> <p>17 Q. And for the other health centers, are</p> <p>18 those all family planning centers, or would those</p> <p>19 include other types of services?</p> <p>20 A. They are all family planning centers.</p> <p>21 Q. And what types of services are offered</p> <p>22 at the family planning centers?</p> <p>23 A. We offer complete gynecological care,</p> <p>24 which includes the breast cancer, breast screening,</p> <p>25 pap smears, any kinds of birth control options,</p>

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1 management of your periods, those kinds of things, as
 2 well as we do offer colposcopies in some of our
 3 centers where the clinicians can offer that. We
 4 offer the STI testing, the HIV testing to both men
 5 and women.

6 Q. HIV testing you're referring to?

7 A. Yes.

8 Q. And in general, do the services that are
 9 offered in the family planning centers -- is that
 10 consistent across the board, or do the particular
 11 health centers vary in terms of what services they
 12 provide?

13 A. It's consistent across the board except
 14 for the more sophisticated centers like the
 15 colposcopy procedures where some clinicians are
 16 trained to do that and others are not, so that would
 17 be the only difference.

18 Q. So apart from the colposcopies, then,
 19 the other services that you mentioned would be
 20 available at all the family planning centers, is that
 21 accurate?

22 A. That's correct.

23 Q. And so looking then at all of PPGOH's
 24 centers, how many total employees does PPGOH employ?

25 A. We range from 245 to 260 employees, both

Page 151

1 [REDACTED]
 2 [REDACTED]
 3 [REDACTED]
 4 [REDACTED]
 5 [REDACTED]
 6 [REDACTED]
 7 [REDACTED]
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 18 [REDACTED]
 19 [REDACTED]
 20 [REDACTED]
 21 [REDACTED]
 22 [REDACTED]
 23 [REDACTED]
 24 [REDACTED]
 25 [REDACTED]

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1 full-time and part-time.

2 Q. And are there general categories of
 3 positions that would fall within that 245 to 260?
 4 Let me rephrase that.

5 A. Thank you.

6 Q. So I assume that -- but tell me if I'm
 7 wrong -- that some of the staff members would be
 8 medical professionals, is that accurate?

9 A. Correct.

10 Q. And so what types of medical
 11 professionals would PPGOH employ?

12 A. We employ physicians in our surgical
 13 centers.

14 Q. And what other medical professionals?

15 A. Nurse practitioners and registered
 16 nurses. Our family planning centers work on the
 17 nurse practitioner model, and that's primarily the
 18 nurse practitioners in the family planning centers,
 19 L.P.N.s and health care assistants, in addition to
 20 the R.N.s.

21 Q. And we'll start with the surgical
 22 centers. Approximately how many physicians are
 23 employed in a given surgical center?

24 [REDACTED]
 25 [REDACTED]

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1 [REDACTED]
 2 Q. And you mentioned nurse practitioners
 3 both in the surgery centers and in the family
 4 planning centers. Focusing first on the surgical
 5 centers, how many nurse practitioners would be
 6 employed in a surgical center?

7 A. Currently there are not any in either
 8 one, but there has been a nurse practitioner as an
 9 assistant in Bedford Heights.

10 Q. And when was that that there was a nurse
 11 practitioner in Bedford Heights?

12 A. During this current calendar year.

13 Q. And why is there not a nurse
 14 practitioner at Bedford Heights now?

15 MR. WOLFSON: Objection.

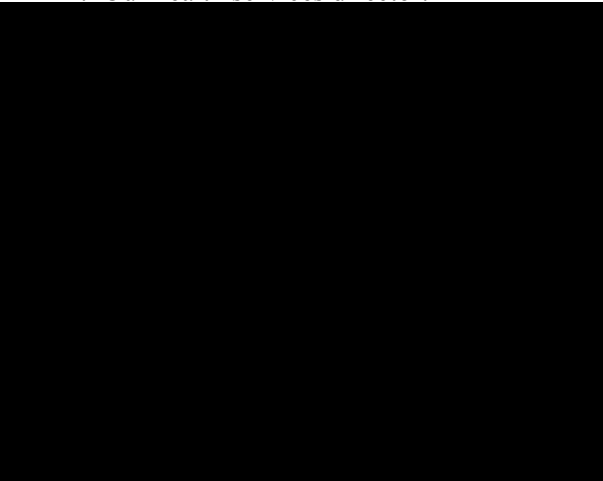
16 THE WITNESS: It isn't part of our
 17 standard work flow, it's not a requirement.
 18 By Ms. Richardson:

19 Q. And so at what point did you stop
 20 employing a nurse practitioner in the Bedford
 21 Heights?

22 MR. WOLFSON: Objection.

23 THE WITNESS: She actually just left the
 24 organization probably a month ago.

25 By Ms. Richardson:

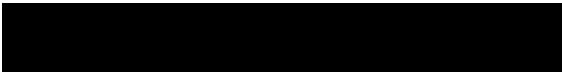
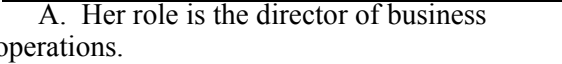
<p style="text-align: right;">Page 153</p> <p>1 Q. Did she provide a reason for her 2 leaving? 3 MR. WOLFSON: Objection. 4 THE WITNESS: Correct, she found -- I 5 mean, she moved on in the state. 6 By Ms. Richardson: 7 Q. And is there an intent to replace that 8 position in the Bedford Heights location? 9 A. Yes, but not necessarily with a nurse 10 practitioner. 11 Q. And so who would be employed then to 12 take her spot, not by reference to name, by position? 13 A. A registered nurse can perform those 14 duties as well. 15 Q. And in a surgical center what duties 16 does either a registered nurse or nurse practitioner 17 provide? 18 MR. WOLFSON: Objection. 19 THE WITNESS: In general, they provide 20 support to the entire process of the -- of the work 21 flow of the center in terms of assisting in the 22 recovery room. 23 By Ms. Richardson: 24 Q. And so do they assist the physicians? 25 A. Yes.</p>	<p style="text-align: right;">Page 155</p> <p>1 THE WITNESS: I'm not certain of that. 2 By Ms. Richardson: 3 Q. You're not certain whether they would be 4 involved, or you just don't know the answer? 5 A. I don't know the answer. 6 Q. And who would know the answer to that? 7 A. Our health services director. 8  9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 Q. And what does a practice manager do? 24 A. Basically facilitates the work flow of 25 the surgery center, supervises employees.</p>
<p style="text-align: right;">Page 154</p> <p>1 Q. And more specifically, what services 2 would they provide? What would their role be? 3 MR. WOLFSON: Objection. 4 THE WITNESS: I don't know that I can 5 detail the medical procedure further than assisting. 6 By Ms. Richardson: 7 Q. And I don't need to know specific 8 medical procedures, I'm just trying to sort of 9 understand the allocation of responsibilities and who 10 would be responsible for particular things at these 11 locations. 12 So you can just describe kind of in 13 general terms. Would they assist with actual 14 procedures, or would they be more in pre and post 15 surgery, those kinds of general descriptions? 16 A. Pre and post surgery in a more 17 general -- 18 Q. And who would provide counseling 19 services at the surgical center? 20 A. That's a combination of educators and 21 the physician. 22 Q. Would the nurse practitioner or 23 registered nurse be responsible for providing any 24 counseling to a patient at a surgical center? 25 MR. WOLFSON: Objection.</p>	<p style="text-align: right;">Page 156</p> <p>1 Q. Would she supervise all employees within 2 the surgical center, or both surgical centers? 3 A. She only supervises the unlicensed 4 staff. Our medical director would supervise the 5 physicians and the other R.N.s. 6 Q. And who is the medical director? 7 A. Dr. Tim Kress. 8 Q. And the practice manager, you said she 9 supervises nonlicensed, so these would be nonmedical 10 personnel, is that a fair characterization? 11 A. Yes. 12 Q. What types of nonmedical personnel would 13 be employed in the surgical center? 14 MR. WOLFSON: Objection. Go ahead. 15 THE WITNESS: There are health care 16 assistants available there that would do financial 17 intakes. 18 By Ms. Richardson: 19 Q. You also mentioned educators. Would she 20 be responsible for overseeing the educators? 21 A. Yes. 22 Q. How many educators are employed by the 23 surgery centers? 24 MR. WOLFSON: Objection. 25 THE WITNESS: There is not a specific</p>

<p style="text-align: right;">Page 157</p> <p>1 title of education, it would be a combination of the 2 educators. I believe there are two people 3 assigned -- two positions assigned in each facility. 4 By Ms. Richardson: 5 Q. I'm sorry, I didn't mean to cut you off. 6 Did you have anything else to add? 7 A. No. 8 Q. So there are two people assigned to 9 provide education services at each surgery center; is 10 that correct? 11 A. Correct. 12 Q. And what are their job titles? 13 MR. WOLFSON: Objection. 14 THE WITNESS: I know the physicians 15 supply some of the education services, and there are 16 other people that participate in that process. 17 That's -- I'm not clear about that specifically. 18 By Ms. Richardson: 19 Q. You're not clear what the other people 20 are -- 21 A. I'm not clear the specific positions 22 that fulfill that -- fulfill the education services. 23 Q. So maybe if we just step back, I think a 24 couple of times you've kind of described kind of 25 supporting the work flow at the surgery centers. So</p>	<p style="text-align: right;">Page 159</p> <p>1 Q. And that would include the STI testing, 2 the ultrasound and the other services that I 3 described earlier with respect to the prescreening? 4 A. Correct. 5 Q. Is that accurate? 6 A. Correct. 7 Q. Is there anything else that would take 8 place on that first visit? 9 MR. WOLFSON: Objection. 10 THE WITNESS: I'm not -- all of the 11 required elements will take place at that first 12 visit. 13 By Ms. Richardson: 14 Q. And you mentioned all of the required 15 elements. You mean the required elements of the 16 prescreening? 17 A. Of the regulations required for informed 18 consent, all of the fetal heartbeat detection, is all 19 included in the first visit. 20 Q. And there's a second visit I think you 21 said? 22 A. The second visit is the procedure. 23 Q. And who would interact with the patient 24 on that second visit? 25 A. Many of the same individuals that</p>
<p style="text-align: right;">Page 158</p> <p>1 maybe you can just walk me through the work flow as 2 you understand it in general terms. 3 MR. WOLFSON: Ryan, I'm going to just 4 register an objection with this whole line of 5 questioning which I think is completely irrelevant 6 to -- I mean, you've obviously been able to see I've 7 registered a lot of objections. 8 I don't understand the point of this 9 questioning which is not a subject matter of the 10 lawsuit. 11 MS. RICHARDSON: I appreciate your 12 objection, which is noted. 13 By Ms. Richardson: 14 Q. And you can answer the question. 15 A. So there are two visits in the surgery 16 centers. The initial visit is all the prescreening, 17 as I described before. 18 Q. And who would be involved in the 19 prescreening for the first visit? 20 A. That's exactly what we were talking 21 about in terms of there will be personnel with the 22 nursing, and there will be -- the physician would 23 both be involved, and that would include the 24 education session, the vitals and all of that 25 prescreening information.</p>	<p style="text-align: right;">Page 160</p> <p>1 interacted on the first. 2 Q. And so these would be the nurses and the 3 physicians? 4 A. Correct. 5 Q. Are there health care assistants there 6 that would also facilitate -- 7 A. Yes. 8 Q. And then you mentioned that there are 9 also educators that would be there to provide 10 counseling. Is that a day one thing? 11 A. Yes. 12 Q. Or a day two? 13 A. Day one. 14 Q. So the educators would be part of the 15 prescreening and initial visit? 16 A. Yes. 17 Q. Do the educators interact with the 18 patient at all on the second visit? 19 MR. WOLFSON: Objection. 20 THE WITNESS: I'm not aware of that. 21 By Ms. Richardson: 22 Q. Do the staff members that are employed 23 as educators in the two surgical centers also work in 24 the family planning centers? 25 A. No.</p>

<p style="text-align: right;">Page 161</p> <p>1 Q. Do they provide education under other 2 programs that PPGOH offers? 3 A. No. 4 Q. Do they provide any services other than 5 the education services at the surgical center? 6 A. No. 7 Q. Are they housed full-time in the 8 surgical center? 9 A. Yes. The -- Yes. 10 Q. That's where their offices are, is in 11 the surgical center? 12 A. Yes. 13 Q. Full-time? 14 A. The education services are not provided 15 by educators, they are provided by the nurses and the 16 physician and the health care assistants within the 17 surgical center. The staff is completely separate. 18 Q. The staff -- what do you mean the staff 19 is completely separate? 20 A. All staff within the surgical center is 21 separate from any other services that we provide. 22 Q. And so I just want to make sure, because 23 I thought you used the term educators and said there 24 are two educators employed at each surgery center, 25 correct?</p>	<p style="text-align: right;">Page 163</p> <p>1 Q. And so I'm a little bit confused because 2 it sounds like there are two specific employees that 3 you've referenced, and I know you indicated earlier 4 that you don't recall what their position titles -- 5 there are two positions. So I'm sure I'm just not 6 understanding exactly what you're referring to there. 7 What do you mean when you say two positions that 8 provide education? 9 A. Out of all of -- there are not two 10 distinct positions that provide education services. 11 I'm sorry, that was -- I misinterpreted that. 12 There are at least two staff members 13 that provide educational services in the health 14 center at any given time. It could be part of, and 15 generally is part of, one of the -- of other job 16 duties that they might perform as well. But one of 17 their job positions is to provide the education and 18 counseling services. 19 Q. And so is it always the same two people 20 then that would be providing these education services 21 in the surgery center? 22 A. Not always. 23 Q. And so I'm having trouble understanding, 24 and I don't want you to provide their names, so if we 25 don't have job titles for them maybe you could</p>
<p style="text-align: right;">Page 162</p> <p>1 A. There are two individual -- there are 2 two positions that provide educational services in 3 the center. 4 Q. And these are in addition to the medical 5 personnel? 6 A. No, they are part of the medical team. 7 They are part of the surgical services staff. 8 Q. So are they also providing medical 9 services, or just education services in those 10 positions? 11 MR. WOLFSON: Objection. 12 By Ms. Richardson: 13 Q. You can answer. 14 A. They also provide other services within 15 the surgery center. 16 Q. And what other services would those 17 individuals provide? 18 A. They could provide any of the support 19 services, including the physician who would actually 20 provide the surgery services. 21 Q. So the educator could be the physician 22 who is providing the service? 23 MR. WOLFSON: Objection. 24 THE WITNESS: That could be. 25 By Ms. Richardson:</p>	<p style="text-align: right;">Page 164</p> <p>1 provide initials or something else so that I could 2 understand what you're referring to if these two 3 individuals are part of the process. 4 MR. WOLFSON: Objection. Is there a 5 question? 6 By Ms. Richardson: 7 Q. Can you please identify the two staff 8 members who would be providing these services? And 9 feel free to use a job title or initials other than a 10 name. 11 MR. WOLFSON: Please don't use the 12 initials if you can avoid it, if you can give the job 13 titles. 14 By Ms. Richardson: 15 Q. And I would prefer the job titles if 16 available. 17 A. I'm afraid specifically I can't answer 18 that because I don't know. I know that the 19 physicians themselves provide a component of the 20 education and counseling services. 21 The registered nurses are part -- one of 22 the registered nurses could provide part of the 23 education and counseling services, and part of the 24 prescreening process which would include the vitals 25 and some of that information could be delivered by</p>

<p style="text-align: right;">Page 165</p> <p>1 the health care associate assistants that are part of 2 that process. 3 And so it's a team effort that provides 4 both the day one and then the day two. I believe I 5 was confused when I said there were two positions. 6 There are at least two positions involved in the 7 first day, one of which can be the physician itself. 8 And I don't want to misspeak in terms of 9 exactly who those people are. It's because I'm aware 10 of the services, I'm not aware completely of the 11 service mix. 12 Q. And so would it be more accurate then to 13 say that there are two components of the education 14 that would be provided rather than necessarily two 15 individuals? 16 MR. WOLFSON: Objection. 17 THE WITNESS: I'm aware of the services 18 that are included in the first visit. 19 By Ms. Richardson: 20 Q. And so what are those services? 21 A. We already -- we detailed those in terms 22 of the services. 23 Q. And so again, I apologize for my 24 confusion here. I am simply trying to understand, we 25 have talked about medical professionals and the</p>	<p style="text-align: right;">Page 167</p> <p>1 that's provided by a combination of the health care 2 assistants, the registered nurses, and the physician. 3 By Ms. Richardson: 4 Q. And are there any other education 5 services provided on day one in the surgery center? 6 A. No. 7 Q. What about on day two, any other 8 educational services? 9 MR. WOLFSON: Objection. 10 THE WITNESS: No. 11 By Ms. Richardson: 12 Q. In terms of the nursing staff that works 13 in the surgery center, do any of those nurses, 14 whether R.N.s or L.P.N.s or nurse practitioners, also 15 work in the family planning centers at any point in 16 time? 17 MR. WOLFSON: Objection. 18 THE WITNESS: No. 19 By Ms. Richardson: 20 Q. And how do you know that? 21 A. Because they are not assigned there. 22 That's where they report to work. 23 Q. And so how do your assignments work? 24 Are particular nurses assigned to a given location, 25 or do they rotate among various locations?</p>
<p style="text-align: right;">Page 166</p> <p>1 services that they would provide, and then you 2 mentioned educators, and I believe that was your word 3 and maybe that's creating the confusion. 4 And so I'm trying to understand the 5 education component that is offered in the surgical 6 center, and who would be responsible for providing 7 those. And it can vary, but I'm just trying to 8 understand what the sources of this -- the educator 9 role. 10 MR. WOLFSON: Is there a question? 11 That's not a question. 12 By Ms. Richardson: 13 Q. And so the question is, can you describe 14 for me, when you referred earlier to the educators 15 that would work in the surgical center, what did you 16 mean by that? 17 MR. WOLFSON: Objection. 18 THE WITNESS: There is an educational 19 component in the first visit at the surgical center 20 that would include the informed consent, all of the 21 requirements required by law in terms of our 22 educational -- of the education that is required by 23 law. 24 And we also do provide birth control 25 discussion at that time with the individual. And</p>	<p style="text-align: right;">Page 168</p> <p>1 A. Our surgical center nurses are assigned 2 to a particular location. 3 Q. And does that change at points during 4 the staff's time at the -- at PPGOH? 5 A. No. Our surgical center staffing is 6 separate from all of our other medical services 7 staffing. 8 Q. And do you have any protocols or 9 policies that are written in any form that reflect 10 that separation of staff? 11 A. Absolutely. 12 Q. And where would that be found? 13 A. In our personnel policies, and from all 14 of our staffing requirements. 15 Q. And so you mentioned a personnel policy. 16 Is that in a handbook, or what would that document be 17 called? 18 A. It's an electronic file, personnel 19 policy. 20 Q. Any -- go ahead. 21 A. Our staffing requirements are dictated 22 by the Ohio Department of Health in terms of the 23 licensure for our surgical facilities. 24 Q. And what about any other -- aside from 25 the personnel policy that you just mentioned, are</p>

<p style="text-align: right;">Page 169</p> <p>1 there any other handbooks or documents that would</p> <p>2 reflect the policy for keeping the staff separate</p> <p>3 between the two different types of facilities?</p> <p>4 A. We maintain all of our Title 10</p> <p>5 guidelines for our family planning services which are</p> <p>6 covered under Title 10, and the payroll recording for</p> <p>7 that would be totally separate from any of our</p> <p>8 surgical facilities.</p> <p>9 Q. So I want to step back for a moment and</p> <p>10 I'm going to hand you what has already been marked</p> <p>11 today as Exhibit 1. And it's actually right in front</p> <p>12 of you. If you could take a look at that document,</p> <p>13 please. And feel free to take a moment to review.</p> <p>14 (Pause.)</p> <p>15 Are you ready?</p> <p>16 A. Ready.</p> <p>17 Q. And is that a document that you've</p> <p>18 reviewed prior to today?</p> <p>19 A. Yes.</p> <p>20 Q. And is it your understanding that this</p> <p>21 is a notice of 30(b)(6) deposition which you're here</p> <p>22 for today?</p> <p>23 A. Yes.</p> <p>24 Q. And is it your understanding that you</p> <p>25 are here today testifying on behalf of Planned</p>	<p style="text-align: right;">Page 171</p> <p>1 Q. And for breast cancer awareness, if we</p> <p>2 refer to this as BCCP would you understand that to</p> <p>3 mean --</p> <p>4 A. Sure.</p> <p>5 Q. -- breast cancer and cervical cancer</p> <p>6 screening program?</p> <p>7 A. Yes.</p> <p>8 Q. And you mentioned -- the other</p> <p>9 organization that you mentioned, can you give me the</p> <p>10 name that you used for that?</p> <p>11 MR. WOLFSON: Objection.</p> <p>12 By Ms. Richardson:</p> <p>13 Q. The infertility prevention, IPP; is that</p> <p>14 correct?</p> <p>15 A. Correct.</p> <p>16 Q. And what does that stand for?</p> <p>17 A. Infertility prevention program.</p> <p>18 Q. And if we refer to that as the STD</p> <p>19 Prevention Program, would that be referring to the</p> <p>20 same program, as you understand it?</p> <p>21 A. Yes.</p> <p>22 Q. Any other programs or organizations that</p> <p>23 you will be talking about here today with respect to</p> <p>24 topic No. 2?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 170</p> <p>1 Parenthood Greater Ohio?</p> <p>2 A. Yes.</p> <p>3 Q. And if you would turn to Schedule A,</p> <p>4 which is attached to Exhibit 1. I understand that</p> <p>5 you are here offering testimony on behalf of PPGOH on</p> <p>6 some but not all of the topics that are set forth in</p> <p>7 this schedule; is that correct?</p> <p>8 A. That's correct.</p> <p>9 Q. And so I just want to walk through very</p> <p>10 briefly and make sure that I understand what you will</p> <p>11 be testifying about here today.</p> <p>12 No. 1 is corporate structure. And we</p> <p>13 have been talking about that here today. And you are</p> <p>14 in fact prepared to testify about corporate</p> <p>15 structure; is that correct?</p> <p>16 A. Correct.</p> <p>17 Q. It's my understanding that you will be</p> <p>18 testifying about what is listed in topic No. 2, but</p> <p>19 only with respect to particular programs; is that</p> <p>20 correct?</p> <p>21 A. Correct.</p> <p>22 Q. And which programs will you be prepared</p> <p>23 to talk about here today?</p> <p>24 A. The infertility prevention program, the</p> <p>25 STI testing, and the breast cancer awareness grant.</p>	<p style="text-align: right;">Page 172</p> <p>1 Q. And it's my understanding that you will</p> <p>2 also be here to talk about the topic in No. 3, which</p> <p>3 is the claims and allegations set forth in the</p> <p>4 complaint, again as they relate to the programs that</p> <p>5 we have just discussed; is that correct?</p> <p>6 A. Correct.</p> <p>7 Q. Same with respect to topic No. 4,</p> <p>8 regarding the alleged affects of Ohio Revised Code</p> <p>9 Section 3701.034, that you'll be prepared to talk</p> <p>10 about topic No. 4 as it relates to the programs that</p> <p>11 you've alleged --</p> <p>12 A. Correct.</p> <p>13 Q. The programs that we have just</p> <p>14 discussed.</p> <p>15 And with respect to Section 3701.034, is</p> <p>16 it your understanding that that is the statute that</p> <p>17 you're challenging in this case?</p> <p>18 A. Yes.</p> <p>19 Q. And so if I just refer to that as the</p> <p>20 challenged statute, would we both agree that that</p> <p>21 relates to Section 3701.034?</p> <p>22 A. Yes.</p> <p>23 Q. And I understand you'll be talking today</p> <p>24 about topic No. 5 as it relates to the programs</p> <p>25 you've identified?</p>

<p style="text-align: right;">Page 173</p> <p>1 A. Yes.</p> <p>2 Q. And also topics 6, 7, 8 and 10 as they</p> <p>3 relate to those programs; is that correct?</p> <p>4 A. Correct.</p> <p>5 Q. And you will not be talking about topic</p> <p>6 No. 9; is that right?</p> <p>7 A. That's correct.</p> <p>8 Q. And so with respect to the topics that</p> <p>9 we have just gone over that you are here to talk</p> <p>10 about today, are there any of those that you're not</p> <p>11 prepared to talk about?</p> <p>12 A. No.</p> <p>13 Q. Can you describe for me what you did to</p> <p>14 prepare for today's deposition?</p> <p>15 A. I met with our attorneys.</p> <p>16 Q. And aside from meetings with counsel,</p> <p>17 did you meet with anyone else to prepare for today's</p> <p>18 deposition?</p> <p>19 A. No.</p> <p>20 Q. Did you talk to anyone else even outside</p> <p>21 of a meeting to prepare for today's deposition?</p> <p>22 A. I reviewed the materials and talked with</p> <p>23 some of my staff.</p> <p>24 Q. And which staff members specifically did</p> <p>25 you talk to to prepare for today's deposition?</p>	<p style="text-align: right;">Page 175</p> <p>1 Q. Would they be part of her data analysis</p> <p>2 responsibilities?</p> <p>3 A. No.</p> <p>4 Q. And would they be part of any of her</p> <p>5 other responsibilities?</p> <p>6 A. No.</p> <p>7 Q. Who would be responsible for maintaining</p> <p>8 or compiling data with respect to the number of</p> <p>9 abortions provided?</p> <p>10 MR. WOLFSON: Objection. And do we have</p> <p>11 to have the names?</p> <p>12 MS. RICHARDSON: In almost all</p> <p>13 circumstances, unless I specify otherwise, job titles</p> <p>14 will be sufficient.</p> <p>15 MR. WOLFSON: All right.</p> <p>16 THE WITNESS: That information would be</p> <p>17 available by a practice manager -- or practice</p> <p>18 manager in the surgery centers.</p> <p>19 By Ms. Richardson:</p> <p>20 Q. And how many practice managers are</p> <p>21 there?</p> <p>22 A. One.</p> <p>23 Q. And where is he or she located?</p> <p>24 A. She splits her time between Bedford</p> <p>25 Heights and east.</p>
<p style="text-align: right;">Page 174</p> <p>1 </p> <p>2 </p> <p>3 A. Her role is the director of business</p> <p>4 operations.</p> <p>5 Q. What does the director of business</p> <p>6 operations do?</p> <p>7 A. She has a wide variety of</p> <p>8 responsibilities related to supporting of health</p> <p>9 services.</p> <p>10 Q. And if you could just give me an example</p> <p>11 of some of the responsibilities that would fall</p> <p>12 within her job title.</p> <p>13 A. She's in charge of our Title 10 program,</p> <p>14 data analysis.</p> <p>15 Q. And what type of data analysis would she</p> <p>16 provide?</p> <p>17 A. Reports upon request.</p> <p>18 Q. What types of reports?</p> <p>19 A. Service statistics.</p> <p>20 Q. And so those would be statistics on the</p> <p>21 number of abortions that PPGOH provides?</p> <p>22 A. Not part of her Title 10</p> <p>23 responsibilities, no.</p> <p>24 Q. As part of any of her responsibilities?</p> <p>25 A. Not necessarily, no.</p>	<p style="text-align: right;">Page 176</p> <p>1 Q. And so would she be responsible for</p> <p>2 compiling that data?</p> <p>3 A. Yes.</p> <p>4 Q. And then I assume that that would be</p> <p>5 maintained somewhere by the organization as a whole,</p> <p>6 correct?</p> <p>7 MR. WOLFSON: Objection.</p> <p>8 THE WITNESS: Yes.</p> <p>9 By Ms. Richardson:</p> <p>10 Q. Are there reports that PPGOH provides</p> <p>11 that contain that information, correct?</p> <p>12 A. Yes.</p> <p>13 Q. And who would be responsible for</p> <p>14 creating those reports?</p> <p>15 MR. WOLFSON: Again, job title if you</p> <p>16 can.</p> <p>17 THE WITNESS: Practice manager.</p> <p>18 By Ms. Richardson:</p> <p>19 Q. And you supervise the practice manager,</p> <p>20 correct?</p> <p>21 A. Correct.</p> <p>22 Q. Did you speak with a practice manager in</p> <p>23 preparation for your deposition today?</p> <p>24 A. No.</p> <p>25 Q. Did you review any of these reports in</p>

<p style="text-align: right;">Page 177</p> <p>1 preparation for your deposition today?</p> <p>2 A. No.</p> <p>3 Q. And who else did you speak with to</p> <p>4 prepare for today's deposition?</p> <p>5 A. I reviewed the reports in general.</p> <p>6 Q. Which reports specifically did you</p> <p>7 review?</p> <p>8 A. The documents that are in front of me.</p> <p>9 Q. And so right now you have in front of</p> <p>10 you the notice of 30(b)(6) deposition, which we have</p> <p>11 marked as document 1. Are you also referring to the</p> <p>12 interrogatory responses which are in front of you?</p> <p>13 A. Yes. And the claim, the original claim.</p> <p>14 Q. And so are you referring to -- and the</p> <p>15 interrogatory responses are marked as Exhibit 2 in</p> <p>16 front of you; is that correct for the record?</p> <p>17 A. Yes.</p> <p>18 Q. And are you also then referring to the</p> <p>19 complaint that was filed in this case which has been</p> <p>20 marked as Exhibit 3?</p> <p>21 A. Yes.</p> <p>22 Q. Apart from those documents related to</p> <p>23 this case, did you review any other documents to</p> <p>24 prepare today?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 179</p> <p>1 prepare for today?</p> <p>2 A. No.</p> <p>3 Q. And I believe -- I'm sure I'm going to</p> <p>4 get this number wrong, but I believe you, meaning</p> <p>5 Planned Parenthood of Greater Ohio, produced</p> <p>6 approximately 4,000 documents. Did you personally</p> <p>7 review all of those documents?</p> <p>8 A. No.</p> <p>9 Q. Were there other documents within those</p> <p>10 that you produced to the defendant in this case that</p> <p>11 you personally reviewed, either in preparation for</p> <p>12 this deposition or at any other point recently?</p> <p>13 A. I personally reviewed the overall</p> <p>14 financial documents, the audit, and the budget</p> <p>15 numbers, because those were ultimately, as CFO, my</p> <p>16 responsibility.</p> <p>17 Q. Did you review any e-mails or</p> <p>18 correspondence?</p> <p>19 A. I reviewed one e-mail chain regarding</p> <p>20 data.</p> <p>21 Q. And who was that e-mail chain between?</p> <p>22 MR. WOLFSON: Objection.</p> <p>23 THE WITNESS: It was between Diego and</p> <p>24 members of our -- [REDACTED] and</p> <p>25 myself.</p>
<p style="text-align: right;">Page 178</p> <p>1 Q. Did you review any financial reports or</p> <p>2 other data reports?</p> <p>3 A. I reviewed what was submitted originally</p> <p>4 in your document review -- or the document request.</p> <p>5 Q. You reviewed the documents that PPGOH</p> <p>6 provided to the defendant in this case in response to</p> <p>7 our request for production of documents; is that</p> <p>8 correct?</p> <p>9 A. That's correct.</p> <p>10 Q. And which documents in particular did</p> <p>11 you review?</p> <p>12 A. Our audited financial statements.</p> <p>13 Q. For which years?</p> <p>14 A. '13, '14, and '15.</p> <p>15 Q. Did you review any other documents that</p> <p>16 you had produced to us?</p> <p>17 A. I reviewed the budgets that were</p> <p>18 produced as well.</p> <p>19 Q. And are these program budgets that</p> <p>20 you're referring to?</p> <p>21 A. I reviewed the overall budget that was</p> <p>22 produced.</p> <p>23 Q. For which year?</p> <p>24 A. '13, '14, and '15.</p> <p>25 Q. Did you review any other documents to</p>	<p style="text-align: right;">Page 180</p> <p>1 By Ms. Richardson:</p> <p>2 Q. And what was the substance of that</p> <p>3 e-mail chain?</p> <p>4 A. It was collecting the data in regards to</p> <p>5 the IPP program.</p> <p>6 Q. What data specifically was discussed in</p> <p>7 that e-mail chain?</p> <p>8 MR. WOLFSON: Objection. Let me just</p> <p>9 ask a question here. Barbara, were you -- are you</p> <p>10 saying that you reviewed this e-mail as part of your</p> <p>11 preparation for the deposition, or as part of another</p> <p>12 aspect of the lawsuit? Do you understand the</p> <p>13 difference?</p> <p>14 THE WITNESS: I reviewed this as</p> <p>15 preparation for the lawsuit, as part of the lawsuit.</p> <p>16 MR. WOLFSON: But was it as part of the</p> <p>17 preparation for the deposition today?</p> <p>18 THE WITNESS: Yes.</p> <p>19 By Ms. Richardson:</p> <p>20 Q. And I'm sorry, I believe the question</p> <p>21 that I had asked was which -- I believe you testified</p> <p>22 that this e-mail chain that you reviewed related to</p> <p>23 data from the STD Prevention Program; is that</p> <p>24 correct?</p> <p>25 A. Correct.</p>

<p style="text-align: right;">Page 181</p> <p>1 Q. And which data in particular was 2 discussed in that e-mail chain? 3 A. The number of procedures that we 4 provided and the documentation -- the data for the 5 number of procedures for the -- for the number of 6 tests that were actually provided. 7 Q. The number of STD tests that were 8 provided? 9 A. Right. 10 Q. Do you recall what that number was, the 11 number of tests that PPGOH provides pursuant to -- 12 the number of STD tests that were discussed in this 13 e-mail? 14 A. It's approximately 60,000 tests and 15 treatments. 16 Q. And are these the total number of STD 17 tests and treatments that PPGOH provides? 18 A. Yes -- no, I'm sorry. It's the total 19 number that they provide under the grant. 20 Q. And you're referring to the STD 21 Prevention Program grant? 22 A. Correct. As part of the program. 23 Q. And we're going to talk some about that 24 program here momentarily, but how many total STD 25 tests does PPGOH provide in a given year?</p>	<p style="text-align: right;">Page 183</p> <p>1 the STD Prevention Program? 2 A. It's actually consistent with prior 3 years as well. 4 Q. And so can you just briefly kind of 5 describe to me, as you understand it, how the STD 6 Prevention Program works? 7 A. We submit the tests to the State. We 8 receive the results back from that. We provide the 9 treatment services for that. The testing kits are 10 actually mailed to us as well. 11 We are -- the lab that performs the test 12 bills commercial insurance or Medicaid for those 13 tests, and ODH is billed for those that don't have 14 Medicaid or commercial insurance available for them. 15 As part of our continuous quality 16 improvement, because this is an infertility 17 prevention project, we include those tests in our 18 well women visits. 19 Q. So does that mean that all women who 20 would come into one of the family planning centers to 21 receive an overall well woman visit would be tested 22 as a matter of course? 23 A. They would be provided the opportunity 24 for a test as a matter of course, yes. 25 Q. And so which if any of those patients</p>
<p style="text-align: right;">Page 182</p> <p>1 A. We provide approximately 90,000 tests in 2 a given year. 3 Q. And how many treatments for STDs does 4 Planned Parenthood provide in a given year, PPGOH 5 provide? 6 A. I don't know the answer to that. 7 Q. And so let me just start with a broader 8 question. What is your understanding of the programs 9 that would be impacted by the law that's being 10 challenged in this case? 11 A. In this instance we receive free testing 12 services for syphilis and gonorrhea, and the 13 treatment for those. 14 Q. And this is under the STD Prevention 15 Program? 16 A. And this is under the STD Prevention 17 Program. 18 Q. And you just said you provide 60,000 19 tests pursuant to -- specifically to that program, is 20 that accurate? 21 A. That's correct. 22 Q. And would that be for a particular year? 23 A. That's for calendar year 2015. 24 Q. How does that compare to prior years in 25 terms of the total number of STD tests provided under</p>	<p style="text-align: right;">Page 184</p> <p>1 would receive tests that were provided by the 2 Department of Health pursuant to the STD Prevention 3 Program? 4 MR. WOLFSON: Objection. Go ahead. 5 THE WITNESS: I'm sorry, could you state 6 that again? 7 By Ms. Richardson: 8 Q. Sure. So as I understand it -- well, 9 can you just describe for me generally what is a well 10 woman visit? 11 A. That would be your standard 12 gynecological care visit when you would come in for 13 your annual pap test and all the vitals that go with 14 that. 15 Q. And all of those women would be offered 16 an opportunity to be screened for an STI; is that 17 correct? 18 A. That's correct. 19 Q. Are those women -- do they all receive 20 testing using testing kits that have been provided 21 pursuant to the STD Prevention Program? 22 A. In all but two of our family planning 23 centers. Mansfield and Wooster do not have that. In 24 all of our other 17 family planning centers, yes, 25 they would receive those.</p>

<p style="text-align: right;">Page 185</p> <p>1 Q. And I'm sorry, which were the two that</p> <p>2 do not offer?</p> <p>3 A. Mansfield and Wooster are the only two.</p> <p>4 Q. And so pursuant to the STD Prevention</p> <p>5 Program, ODH would provide PPGOH with actual testing</p> <p>6 kits, is that correct?</p> <p>7 A. That's correct.</p> <p>8 Q. And then as I understand your testimony,</p> <p>9 PPGOH submits those tests to a particular lab; is</p> <p>10 that correct?</p> <p>11 A. That's correct.</p> <p>12 Q. And is that outlined in the ODH grant,</p> <p>13 for lack of a better word, although I understand it's</p> <p>14 not a monetary grant?</p> <p>15 A. Yes.</p> <p>16 Q. And then in the event that that test is</p> <p>17 positive and shows that there is an STI, treatment</p> <p>18 would be provided for that patient; is that correct?</p> <p>19 A. Yes.</p> <p>20 Q. And does the treatment also come</p> <p>21 directly from the Department of Health in that</p> <p>22 circumstance?</p> <p>23 A. The medication itself, yes.</p> <p>24 Q. Does PPGOH provide -- assess any charges</p> <p>25 to the patient for the provision of that STD</p>	<p style="text-align: right;">Page 187</p> <p>1 was included in that overall visit, and it's a</p> <p>2 standard -- that's the standard CPT code billed</p> <p>3 through the Medicaid services.</p> <p>4 Q. And so if this is a patient who is not</p> <p>5 on Medicaid, would it be different?</p> <p>6 A. No, it's a standard charge.</p> <p>7 Q. And you don't know sitting here what</p> <p>8 the -- off the top of your head what that charge</p> <p>9 would be?</p> <p>10 A. I don't.</p> <p>11 Q. Is that set forth in a fee schedule or</p> <p>12 some other document?</p> <p>13 A. Yes.</p> <p>14 Q. Is it the same for all patients who</p> <p>15 receive a particular service, or is it based on</p> <p>16 ability to pay, or some other factor?</p> <p>17 A. The top charge is the same, and that's</p> <p>18 based on, again, the regulations between commercial</p> <p>19 insurance payers, Medicaid and so forth. We provide</p> <p>20 services on a sliding fee scale based on the client's</p> <p>21 ability to pay. We use the sliding fee scale</p> <p>22 obligated by the Title 10 and federal guidelines.</p> <p>23 Q. And how does that sliding fee scale</p> <p>24 work? I've seen that referenced in some of the</p> <p>25 documents.</p>
<p style="text-align: right;">Page 186</p> <p>1 screening?</p> <p>2 A. No.</p> <p>3 Q. What about any kind of collection fee or</p> <p>4 other type of fee?</p> <p>5 A. Not for that screening.</p> <p>6 Q. What fees would that patient be charged?</p> <p>7 A. They would be charged an office visit</p> <p>8 according to the CPT code for that particular</p> <p>9 service.</p> <p>10 Q. And so would all patients who come into</p> <p>11 PPGOH to obtain an STD screening test be charged an</p> <p>12 office visit fee?</p> <p>13 A. Not necessarily, but most of them would.</p> <p>14 Q. And under what circumstances would a</p> <p>15 patient not be charged that fee?</p> <p>16 A. They would be charged some office visit</p> <p>17 fee.</p> <p>18 Q. What is the amount of that office visit</p> <p>19 fee?</p> <p>20 A. It would vary depending on what was</p> <p>21 included in that office visit.</p> <p>22 Q. So let's start first with the well woman</p> <p>23 visit that you described. What would the office fee</p> <p>24 for that visit be?</p> <p>25 A. Again, it would vary depending on what</p>	<p style="text-align: right;">Page 188</p> <p>1 A. There's a financial interview with the</p> <p>2 person as part of their normal intake. They offer</p> <p>3 either -- they either bring documented evidence or</p> <p>4 provide documentary discussion of their sources of</p> <p>5 income, the number of their family, and they are</p> <p>6 charged a percentage of the fee based on the number</p> <p>7 of people in their family and the annual income.</p> <p>8 Q. So do I understand correctly, then, that</p> <p>9 a patient receives a particular set of services, and</p> <p>10 that would basically determine the baseline charge</p> <p>11 for that visit, but then the amount that that patient</p> <p>12 actually pays might be different based on ability to</p> <p>13 pay, is that correct?</p> <p>14 MR. WOLFSON: Objection to the form.</p> <p>15 THE WITNESS: So could you ask that</p> <p>16 again?</p> <p>17 By Ms. Richardson:</p> <p>18 Q. I'm just trying to make sure I</p> <p>19 understood correctly your answers to the prior</p> <p>20 question. And so I thought you said that as a</p> <p>21 starting point, that patients who received the same</p> <p>22 service would be charged the same amount because it's</p> <p>23 the service itself that dictates the charge; is that</p> <p>24 correct?</p> <p>25 A. That's correct.</p>

<p style="text-align: right;">Page 189</p> <p>1 Q. And then I asked you about the sliding 2 fee scale, which it sounds like based -- the amount 3 that a patient actually pays would depend on his or 4 her actual ability to pay as determined by various 5 factors that you've just described? 6 A. Yes, in addition to their other 7 resources such as commercial insurance and/or 8 Medicaid. 9 Q. And so let's say two different patients 10 come in and receive a well woman visit. Would they 11 both go through that financial interview? 12 A. Yes. 13 Q. Is that true for all patients who come 14 in as a matter of course? 15 A. Yes. 16 Q. And so let's assume that those two 17 patients receive exactly the same services pursuant 18 to their well woman visit. It's possible, depending 19 on the outcome of their financial interview, that 20 those two patients would pay different amounts; is 21 that correct? 22 A. I'm sorry, could you -- could you repeat 23 that again, please? 24 Q. Sure. Those two patients would not 25 necessarily pay the same amount for the services they</p>	<p style="text-align: right;">Page 191</p> <p>1 percentage discount is applied to the fee schedule 2 based on the individual's ability to pay. 3 Q. Thank you. And is that sliding fee 4 scale, is that set forth in particular documents? 5 A. Yes. 6 Q. And what would the name of that document 7 be? Where would that be set forth? 8 A. The sliding fee schedule. And this is a 9 federal schedule that is approved by Title 10. 10 Q. It's dictated by the Title 10 grant? 11 A. Yes. 12 Q. So going back to the STD Prevention 13 Program, I understand that all patients who come in 14 to receive a well woman visit will receive an STD 15 screening pursuant to the STD Prevention Program; is 16 that correct? 17 A. They will be provided the opportunity. 18 Q. Under what other circumstances would 19 patients receive STD screening pursuant to the STD 20 Prevention Program? Can a patient make an 21 appointment just to come in and receive STD 22 screening? 23 A. Yes. 24 Q. And under that circumstance would 25 they -- would you use one of the kits that was</p>
<p style="text-align: right;">Page 190</p> <p>1 received even though the services are the same, 2 correct? 3 A. What two patients? 4 Q. I just -- I just described two different 5 hypothetical patients who come in for a well woman 6 visit and receive identical services. Those two 7 patients would not necessarily pay the same amount of 8 money even though they received the same services, 9 correct? 10 A. For what -- what would dis -- describe 11 what is distinguishing those two individuals. 12 Q. Their ability to pay. I'm trying to 13 understand the role that the ability to pay interview 14 and the sliding scale has, how that fits in. So I'm 15 basically trying to reconcile -- I thought you 16 started out saying that the service dictates the 17 charge; is that correct? 18 A. That's correct. 19 Q. And yet there's also the sliding scale 20 that determines what the person should pay based on 21 his or her ability to pay, correct? 22 A. Correct. 23 Q. And so I'm trying to figure out how 24 those two things fit together. 25 A. There is one standard fee schedule. A</p>	<p style="text-align: right;">Page 192</p> <p>1 provided pursuant to the STD Prevention Program? 2 A. Yes. 3 Q. And so I believe you testified earlier 4 that looking just at the most recent year, PPGOH 5 provided approximately 90,000 STD screening tests; is 6 that correct? 7 A. Yes. 8 Q. And only 60,000 of those were provided 9 under the STD Prevention Program, right? 10 A. Correct. 11 Q. And so where do those other 30,000 come 12 from? 13 A. They would have been from our Mansfield, 14 our Wooster center, or the two surgical centers. 15 Q. And in the Mansfield and Wooster 16 centers, how are patients charged for the STD 17 screening? 18 A. We have a separate lab for those 19 services. 20 Q. And are patients charged for receiving 21 STD screening? 22 A. They would be if they didn't have the 23 Medicaid or insurance, and then they would bill us 24 back for the lab fee. 25 Q. Who would bill you back for the lab fee?</p>

<p style="text-align: right;">Page 193</p> <p>1 A. The lab.</p> <p>2 Q. And is it possible, depending on ability</p> <p>3 to pay, that some of those patients would not</p> <p>4 actually pay anything for the STD test?</p> <p>5 A. Yes.</p> <p>6 Q. And approximately of those 30,000 that</p> <p>7 are not covered by the STD Prevention Program, how</p> <p>8 many of those are provided free of charge?</p> <p>9 A. I don't know that.</p> <p>10 Q. But if a patient comes in and meets the</p> <p>11 various specifications under your sliding scale, he</p> <p>12 or she would not actually have to pay anything for</p> <p>13 that STD screening, correct?</p> <p>14 MR. WOLFSON: Objection.</p> <p>15 THE WITNESS: In those locations.</p> <p>16 By Ms. Richardson:</p> <p>17 Q. And in the surgical centers -- I believe</p> <p>18 you testified that patients also receive STI</p> <p>19 screening in the surgical centers; is that correct?</p> <p>20 A. Correct.</p> <p>21 Q. And is that when they are going to the</p> <p>22 surgical center to receive abortion services?</p> <p>23 A. Correct.</p> <p>24 Q. Are all patients receiving abortion</p> <p>25 services given the option to have STI screening as a</p>	<p style="text-align: right;">Page 195</p> <p>1 A. They are ordered from the CDD lab.</p> <p>2 Q. And that's the same lab that processes</p> <p>3 the tests that do come in through the STD Prevention</p> <p>4 Program, right?</p> <p>5 A. Right.</p> <p>6 Q. And has it always been true that</p> <p>7 patients in the surgical centers were tested using</p> <p>8 tests other than those provided for the STD</p> <p>9 Prevention Program?</p> <p>10 A. Yes.</p> <p>11 Q. Has there ever been a time when STD</p> <p>12 tests, but not medication, was provided to patients</p> <p>13 receiving services at the surgical centers?</p> <p>14 MR. WOLFSON: Objection. Go ahead.</p> <p>15 THE WITNESS: East surgical center had</p> <p>16 family planning services two years ago, and had a</p> <p>17 contract for IPP testing. We discontinued that</p> <p>18 contract when they stopped providing family planning</p> <p>19 services at the east center.</p> <p>20 By Ms. Richardson:</p> <p>21 Q. And when did they stop providing family</p> <p>22 planning services?</p> <p>23 A. Two years ago.</p> <p>24 Q. So sometime in 2014?</p> <p>25 A. Correct.</p>
<p style="text-align: right;">Page 194</p> <p>1 matter of course?</p> <p>2 A. No.</p> <p>3 Q. Under what circumstances would a patient</p> <p>4 receiving abortion services receive STI screening?</p> <p>5 A. If they were presented in an</p> <p>6 asymptomatic way.</p> <p>7 Q. And I believe you testified earlier that</p> <p>8 as part of the initial screening, a health</p> <p>9 professional would conduct some type of evaluation to</p> <p>10 determine whether or not there are any symptoms or</p> <p>11 signs of an STI; is that correct?</p> <p>12 A. Correct.</p> <p>13 Q. And could a patient in a surgical center</p> <p>14 receive testing using one of the kits that is</p> <p>15 provided by the Department of Health under the STD</p> <p>16 Prevention Program?</p> <p>17 A. No.</p> <p>18 Q. And how do you know that?</p> <p>19 A. They are not available to them.</p> <p>20 Q. Why not?</p> <p>21 A. Because they are not part of the</p> <p>22 program.</p> <p>23 Q. And are the testing kits that are</p> <p>24 used -- well, where does PPGOH obtain the testing</p> <p>25 kits that are used in the surgical centers?</p>	<p style="text-align: right;">Page 196</p> <p>1 Q. Do you know what month that would have</p> <p>2 been?</p> <p>3 A. It would have been June 30th, July 1st,</p> <p>4 2014.</p> <p>5 Q. Does that relate to a fiscal year?</p> <p>6 A. It relates to the contract, the IPP</p> <p>7 contract and the fiscal year, yes.</p> <p>8 Q. And why did the east Columbus surgical</p> <p>9 center stop providing family planning services?</p> <p>10 A. We could more effectively provide that</p> <p>11 at our Franklinton center.</p> <p>12 Q. And are the family planning services</p> <p>13 still provided at the Franklinton center?</p> <p>14 A. Yes.</p> <p>15 Q. In the event that the law that is being</p> <p>16 challenged here takes effect, what impact do you</p> <p>17 believe that will have on STD testing, specifically?</p> <p>18 MR. WOLFSON: Objection. You mean under</p> <p>19 the program, or generally?</p> <p>20 By Ms. Richardson:</p> <p>21 Q. I'm asking generally.</p> <p>22 A. I believe that the -- the lack of the</p> <p>23 free testing, which will result if the law takes an</p> <p>24 affect, will make those women who are offered the</p> <p>25 opportunity for the preventive nature of that STI</p>

<p style="text-align: right;">Page 197</p> <p>1 testing, or who may even need it but can't provide 2 any ability to pay for it, will choose not to have 3 the test, and so it will be both a financial burden 4 for us for those -- for that piece, but it will be -- 5 it will impact the health service provided for that 6 patient. 7 Q. And so I want to break that down a 8 little bit. 9 MR. WOLFSON: Before do you, Ryan, could 10 we take a break at this point? We have been going 11 more than an hour. 12 MS. RICHARDSON: Sure, we can take a 13 ten-minute break. 14 (Recess taken.) 15 MR. WOLFSON: Pursuant to the protective 16 order, we're going to designate the entire transcript 17 of this deposition as confidential, and we'll review 18 the transcript as provided by the protective order. 19 MS. RICHARDSON: We object to that 20 designation for the reasons previously discussed, but 21 we agree that that is what the order that the court 22 has entered requires. 23 By Ms. Richardson: 24 Q. Before the break we were talking about 25 the law that's being challenged in this case, and I</p>	<p style="text-align: right;">Page 199</p> <p>1 under the guidelines set forth in Title 10, that 2 individual would still be eligible to receive a free 3 STD screening at a PPGOH facility; is that correct? 4 A. If they qualified for zero on the 5 sliding fee scale. 6 Q. And apart from eliminating the testing 7 kits that were previously provided by the Department 8 of Health, the law would not have any other impact on 9 the provision of STD screening specifically, right? 10 MR. WOLFSON: Objection. 11 THE WITNESS: It's providing the testing 12 kit and the processing fee with the lab. 13 By Ms. Richardson: 14 Q. And what is the processing fee? 15 A. That depends on lab to lab. Right now 16 that's what ODH pays for. They provide the kit and 17 the dollars associated with the processing. 18 Q. Thank you. And so -- thank you for that 19 clarification. So apart from the testing and 20 medication that were previously provided by ODH, 21 there will be no other impact on PPGOH's provision of 22 STD screening services; is that correct? 23 A. Yes. 24 Q. And -- 25 MR. WOLFSON: Did you understand --</p>
<p style="text-align: right;">Page 198</p> <p>1 want to make sure I understand, you began to provide 2 an answer about some of the impacts that you believe 3 may occur. Do you recall that? 4 A. Yes. 5 Q. And so I want to make sure that I 6 understand. I believe it's been provided in 7 documents that PPGOH has provided to us, which we'll 8 go over in more detail later, that you will stop 9 providing STD screening pursuant to the specific STD 10 Prevention Program that is referenced in the law 11 that's being challenged; is that correct? 12 A. No, we will -- we will not be able to 13 provide that for free under all circumstances. 14 Q. But you will still provide STD screening 15 going forward even if this law takes effect; is that 16 correct? 17 A. Yes. 18 Q. And in some cases you will still provide 19 STD screening for free; is that correct? 20 A. In those cases where our Title 10 21 funding would qualify the individual for zero fee. 22 Q. And that's based on the ability to pay 23 system that you were describing earlier, correct? 24 A. Correct. 25 Q. So if the individual is not able to pay</p>	<p style="text-align: right;">Page 200</p> <p>1 THE WITNESS: Actually, it does change 2 our internal processes because right now we're 3 sending those to ODH. So we will have to contract 4 with a lab in order to accommodate that. The service 5 itself will remain the same. 6 By Ms. Richardson: 7 Q. And in fact, you already have a contract 8 separate and apart from the STD Prevention Program 9 with the same lab; is that correct? 10 A. We do not have a contract with the same 11 lab at this time. Our other processing is through a 12 different lab. 13 Q. Okay. So I may have misunderstood your 14 testimony previously. I thought you mentioned that 15 STD screening tests that were applied in the surgical 16 centers were sent to the same lab that you used for 17 processing of the STD Prevention Program screening. 18 Did I misunderstand that? 19 A. That is not correct. You misunderstood 20 that. 21 Q. So which lab currently processes the 22 testing that is provided under the STD Prevention 23 Program? 24 A. I don't think that -- is that a 25 required --</p>

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1 MR. WOLFSON: Go ahead and answer if you
2 can|

4 By Ms. Richardson:

5 Q. And what lab processes the testing that
6 is sent out of the STD Prevention Program currently?

7 MR. WOLFSON: Objection.

8 THE WITNESS: I'm sorry?

9 By Ms. Richardson:

10 Q. You testified earlier, I believe, that
11 the STD screening tests that are administered in the
12 surgical centers are not covered under the STD
13 Prevention Program currently; is that correct?

14 A. That's correct.

15 Q. And so what lab processes the testing
16 kits that are sent from the surgical centers?

17 MR. WOLFSON: Objection.

18 By Ms. Richardson:

20 Q. And is that not the same lab?

21 A. No. Center for Disease Detection, CDD,
22 is the ODH lab

23 Q. Thank you for clarifying.

24 A. Sorry.

25 Q. And you mentioned previously that there

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1 A. Correct.

2 Q. And so if a patient comes in to a PPGOH
3 family planning center for the sole purpose of
4 receiving STD screening, what would that office
5 charge be?

6 A. I don't know. I don't know exactly what
7 that charge would be.

8 Q. Can you give me just a general ballpark
9 as to what that fee would be?

10 A. For the lab fee, itself, depending on
11 the sliding fee scale it was 8 to -- I believe 8 to
12 19 -- I'm sorry, 8 to \$30, and that's a ballpark.
13 I'm sorry, I don't have that recollection.

14 Q. And that's the lab fee, you said?

15 A. That would be the lab fee associated
16 with that test.

17 Q. Is that different than the office charge
18 that the patient would be charged?

19 A. It could be.

20 Q. What would the office charge be for a
21 patient who comes into a PPGOH center solely for the
22 purpose of receiving STD screening?

23 A. We don't -- there currently isn't an
24 office charge associated with just the STD screening.
25 It would be incorporated with if they were coming in

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1 are two family planning centers that do not currently
2 participate in the STD Prevention Program; is that
3 correct?

4 A. That's correct.

5 Q. And that was Wooster and Mansfield. Did
6 I recall that correctly?

7 A. It was definitely Wooster. Mansfield
8 actually has part of the treatment program, but not
9 the testing available. And that was just an
10 oversight in the contracting process as of last
11 physical year, and they are small centers.

12 Q. So the exclusion of both the Wooster and
13 part of Mansfield from the program was related to --
14 did you call it a contracting oversight?

15 A. Correct.

16 Q. And what do you mean by a contracting
17 oversight?

18 A. There wasn't a contract sent to them and
19 it did not get included in the process.

20 Q. And so I want to understand a little bit
21 more about the policies that relate to the office
22 visits that are charged. And I believe you testified
23 earlier that the office visit would -- fee would
24 depend, based on the services that were administered;
25 is that correct?

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1 for a full test.

2 Q. And so -- what do you mean "a full
3 test"?

4 A. A full well woman visit.

5 Q. Thank you. And so you mentioned that
6 women who come in for a well women visit are given
7 the option of receiving STD screening; is that
8 correct?

9 A. Correct.

10 Q. And so some women might elect not to
11 receive that, is that fair?

12 A. It is.

13 Q. And would the office charge for a woman
14 who receives STD screening as part of her well woman
15 visit differ from that of a woman who elects not to?

16 A. No.

17 Q. It would be the same fee regardless?

18 A. Correct.

19 Q. And do you recall generally in terms of
20 a ballpark for a well woman visit what the office
21 charge would be?

22 A. I'm sorry, I don't.

23 Q. But that would be provided in that same
24 fee structure document that you mentioned earlier?

25 A. Yes.

<p style="text-align: right;">Page 205</p> <p>1 Q. And the lab fee that you mentioned, the</p> <p>2 8 to \$30 I believe you testified, is that assessed to</p> <p>3 a patient who comes in and receives a testing kit</p> <p>4 provided under the STD Prevention Program?</p> <p>5 A. No.</p> <p>6 Q. And so which patients would be assessed</p> <p>7 the lab fee?</p> <p>8 A. That would only be if the grant wasn't</p> <p>9 available to us.</p> <p>10 Q. And so currently in the two facilities</p> <p>11 that are not fully participating in the STD</p> <p>12 Prevention Program, how are patients charged for STD</p> <p>13 screening in those locations?</p> <p>14 A. If they would have the screening it</p> <p>15 would be just included in their well woman visit fee.</p> <p>16 Q. And what about for a patient who comes</p> <p>17 in to the Wooster or Mansfield locations and only</p> <p>18 receives STD screening, would they be assessed an</p> <p>19 office charge?</p> <p>20 MR. WOLFSON: Objection.</p> <p>21 THE WITNESS: I don't believe that --</p> <p>22 that doesn't generally occur.</p> <p>23 By Ms. Richardson:</p> <p>24 Q. Why not?</p> <p>25 A. They would be -- it just doesn't</p>	<p style="text-align: right;">Page 207</p> <p>1 MR. WOLFSON: Objection.</p> <p>2 THE WITNESS: As a medical charge</p> <p>3 according to our Medicaid commercial insurance</p> <p>4 billing.</p> <p>5 By Ms. Richardson:</p> <p>6 Q. Does it go into PPGOH's general fund,</p> <p>7 general revenue fund?</p> <p>8 A. It goes into our general health services</p> <p>9 revenue.</p> <p>10 Q. Now I'd like to ask you about a</p> <p>11 hypothetical circumstance of a patient who comes in</p> <p>12 and receives STD screening either as part of a whole</p> <p>13 well visit or just for the STD screening. Are there</p> <p>14 circumstances where she might be given a pregnancy</p> <p>15 test?</p> <p>16 MR. WOLFSON: Objection.</p> <p>17 THE WITNESS: There could be.</p> <p>18 By Ms. Richardson:</p> <p>19 Q. And so let's say that a woman is there</p> <p>20 for a whole woman exam and she indicates that she</p> <p>21 might be pregnant. Would she be given a pregnancy</p> <p>22 test as part of that visit?</p> <p>23 MR. WOLFSON: Objection.</p> <p>24 THE WITNESS: She would have to schedule</p> <p>25 an appointment for a pregnancy test. That would be a</p>
<p style="text-align: right;">Page 206</p> <p>1 generally occur.</p> <p>2 Q. Which part doesn't happen, the</p> <p>3 individuals do not come into the site to receive STD</p> <p>4 screening?</p> <p>5 A. To receive solely STD screening.</p> <p>6 Q. And so outside of the context of the</p> <p>7 well woman visit that you've described, what other</p> <p>8 circumstances -- under what other circumstances would</p> <p>9 a patient receive STD screening?</p> <p>10 A. It's generally part of a well woman</p> <p>11 visit or part of an overall visit.</p> <p>12 Q. What about if someone comes in to</p> <p>13 receive HIV testing, would they also be given an STD</p> <p>14 screening as well?</p> <p>15 A. Not necessarily.</p> <p>16 Q. Would there be circumstances where they</p> <p>17 might obtain both?</p> <p>18 A. I don't know that.</p> <p>19 Q. Any other circumstances where patients</p> <p>20 would generally receive STD screening at any of your</p> <p>21 family planning centers?</p> <p>22 A. No.</p> <p>23 Q. And in the case of a well woman visit,</p> <p>24 the office charge that is assessed, how is that</p> <p>25 processed by PPGOH?</p>	<p style="text-align: right;">Page 208</p> <p>1 part of the -- another part of the visit.</p> <p>2 By Ms. Richardson:</p> <p>3 Q. And so she would not be able to obtain</p> <p>4 the pregnancy test as part of the general well woman</p> <p>5 visit?</p> <p>6 A. It would be a separate service.</p> <p>7 Q. Could she receive that while she's there</p> <p>8 that same day?</p> <p>9 A. Potentially.</p> <p>10 Q. And so what do you mean --</p> <p>11 A. Hypothetically.</p> <p>12 Q. When you say that that would be a</p> <p>13 different service, do you just mean it would be coded</p> <p>14 differently?</p> <p>15 A. Yes.</p> <p>16 Q. And what does -- what is the implication</p> <p>17 or import of that coding?</p> <p>18 MR. WOLFSON: Objection.</p> <p>19 THE WITNESS: The coding is how each</p> <p>20 individual service has an assigned medical code</p> <p>21 that's correspondent with all of the medical coding,</p> <p>22 so it would be a separate medical code.</p> <p>23 By Ms. Richardson:</p> <p>24 Q. And if the woman was given a pregnancy</p> <p>25 test and it turned out that she was, in fact,</p>

<p style="text-align: right;">Page 209</p> <p>1 pregnant, would she receive options counseling at 2 that time? 3 MR. WOLFSON: Objection. 4 THE WITNESS: If she requested options 5 counseling and did not have an intention as to her 6 intentions with the pregnancy, she would be provided 7 options counseling under our Title 10 requirements. 8 By Ms. Richardson: 9 Q. And what does that entail? 10 MR. WOLFSON: Objection. What is what, 11 what is "that"? 12 By Ms. Richardson: 13 Q. You mentioned that she would be provided 14 options counseling under your Title 10 protocol. Did 15 I understand that correctly? 16 A. Correct. 17 Q. And so what does that options counseling 18 under the Title 10 program entail? 19 A. It entails all options of continuing the 20 pregnancy, adoption services, and terminating the 21 pregnancy. 22 Q. And would she also be given a list of 23 potential abortion providers as part of that options 24 counseling? 25 MR. WOLFSON: Objection.</p>	<p style="text-align: right;">Page 211</p> <p>1 Title 10 guidelines. 2 Q. Is that publicly available? 3 A. I don't know that. 4 Q. And so who within your organization 5 would know the list of referrals that are provided in 6 the sheet that you would give a patient as part of 7 the options counseling? 8 MR. WOLFSON: Objection. And if you -- 9 don't use a name if you can avoid it. 10 THE WITNESS: Representatives in the 11 health center will have that list available. 12 By Ms. Richardson: 13 Q. What representatives? 14 A. The health care -- health care 15 associates or the clinicians in the health center 16 would have that list available. 17 Q. But sitting here today as the person 18 ultimately responsible for the provision of the 19 health care department, you don't know whether the 20 PPGOH surgical center would be included among the 21 various agencies to which the woman might be 22 referred? 23 MR. WOLFSON: Objection. 24 THE WITNESS: I can't say with certainty 25 that the actual communication is listed. I think</p>
<p style="text-align: right;">Page 210</p> <p>1 THE WITNESS: Not necessarily, no. 2 By Ms. Richardson: 3 Q. If she indicated she might be interested 4 in receiving abortion services, would she be provided 5 with a list of referrals? 6 MR. WOLFSON: Objection. 7 THE WITNESS: There are a list of 8 referrals that's included in all the -- along with 9 prenatal referrals and adoption referrals as well. 10 By Ms. Richardson: 11 Q. And does that include the PPGOH surgical 12 facilities as well? 13 MR. WOLFSON: Objection. 14 By Ms. Richardson: 15 Q. In other words -- let me rephrase that. 16 Does the referral list include PPGOH surgical 17 facilities? 18 A. I don't know that specifically. I 19 haven't seen the list of -- I don't have the list of 20 referrals in my memory at this moment. 21 Q. And who would have that information? 22 A. It would be included in the options 23 counseling. 24 Q. Is that in writing somewhere? 25 A. The review of the option is part of the</p>	<p style="text-align: right;">Page 212</p> <p>1 that the person would be instructed to call our 2 customer contact center, which is our centralized 3 appointment scheduling, and they would get that 4 information. 5 By Ms. Richardson: 6 Q. And the information that would be 7 provided from the customer contact information would 8 include information about the PPGOH surgical center 9 at that point, is that fair? 10 A. That's fair. That's correct. 11 Q. And if -- we talked about the -- the 12 context of a woman coming in and determining that 13 she's pregnant as part of or following a well woman 14 visit, would the protocol be any different if a woman 15 came in to a family planning center and only received 16 STD screening, and it was determined as part of that 17 visit that she was pregnant, would she similarly 18 receive the options counseling that you just 19 described? 20 MR. WOLFSON: Objection. 21 THE WITNESS: It would only be 22 associated with an actual pregnancy test. 23 By Ms. Richardson: 24 Q. And so if a woman comes in to receive 25 STD screening and indicates that she might be</p>

<p style="text-align: right;">Page 213</p> <p>1 pregnant, would she be provided with a pregnancy 2 test? 3 A. She would request a pregnancy test. If 4 she requested a pregnancy test. 5 Q. If she requested a pregnancy test one 6 would be provided to her; is that correct? 7 A. Correct. 8 Q. And if it was determined as a result of 9 that pregnancy test that she was in fact pregnant, 10 would she receive the same options counseling that we 11 just described? 12 A. If she was uncertain of what she wanted 13 to do at that point, she would receive that as part 14 of our Title 10 guidelines as she would if she 15 received the pregnancy test or STI testing at any 16 Title 10 provider, including our Health Departments. 17 Q. Who within the family planning centers 18 would actually administer the STD test to a patient, 19 or STD screening, if that's more accurate? 20 A. This would be part of the health 21 center -- it would either be the L.P.N. -- one of the 22 support individuals, either the L.P.N. or the health 23 care associate. 24 Q. Would the nurse practitioner have a role 25 in administering that test?</p>	<p style="text-align: right;">Page 215</p> <p>1 Q. Is the same true for the two clinicians, 2 do they supervise both at the family planning centers 3 and the surgical centers? 4 A. Only the family planning centers. 5 Q. Are nurse practitioners permitted to 6 operate independently in the provision of services, 7 or does their work have to be supervised by a medical 8 doctor? 9 A. They operate under the standing orders 10 of the nurse practitioner laws in the State of Ohio. 11 Q. And forgive me for not knowing exactly 12 what that means. Does a doctor have to supervise 13 them, or are they permitted to provide care without 14 the supervision of a doctor? 15 A. The advanced practice nursing laws are 16 always under change in the State of Ohio, but they 17 have standing orders that they can operate under as 18 any medical office in the advance practicing. 19 So it's not the day-to-day supervision, 20 but there are certain protocols that are required for 21 them to practice. 22 Q. And so as part of those are they 23 required at various points in time to report to the 24 doctors that are employed by PPGOH? 25 MR. WOLFSON: Objection.</p>
<p style="text-align: right;">Page 214</p> <p>1 A. The nurse practitioner has a role in the 2 treatment and followup of the results. 3 Q. Do the nurse practitioners and L.P.N.s 4 who are employed by PPGOH have to be supervised in 5 some capacity by the physicians who are employed by 6 PPGOH? 7 A. The nurse practitioners are supervised 8 by our two lead regional clinicians, and ultimately 9 the medical director, Dr. Tim Kress. 10 Q. The two regional clinicians. And I'm 11 sorry, where are those clinicians housed? 12 A. We have one for northeast Ohio and one 13 for central Ohio. 14 Q. And are those also the doctors who are 15 employed in the surgical centers? 16 A. No, those are the nurse practitioners, 17 are the regional nurse practitioners, and ultimately 18 our medical director, Dr. Tim Kress. 19 Q. And PPGOH only has one medical director, 20 correct? 21 A. That's correct. 22 Q. And ultimately he oversees both the 23 surgical centers and the family medical -- and the 24 family planning centers, is that correct? 25 A. That's correct.</p>	<p style="text-align: right;">Page 216</p> <p>1 THE WITNESS: Report what? 2 By Ms. Richardson: 3 Q. In other words, do the doctors who are 4 employed by PPGOH have any type of role in 5 supervising or overseeing the nurse practitioners who 6 are employed by PPGOH? 7 MR. WOLFSON: Objection. 8 THE WITNESS: We provide standard risk 9 and quality management chart review, overall review, 10 and abide by our standards and our medical protocols. 11 By Ms. Richardson: 12 Q. And that would be chart reviewed by the 13 doctors who are employed by PPGOH? 14 MR. WOLFSON: Objection. 15 THE WITNESS: Some, yes. There is chart 16 review by the doctors as well. 17 By Ms. Richardson: 18 Q. And those doctors also work in the 19 surgical facilities; is that correct? 20 A. That's our medical director. The chart 21 review would be the medical director and the risk and 22 quality management team. 23 Q. The medical director directly reviews 24 the charts and provides the other supervision; is 25 that correct?</p>

<p style="text-align: right;">Page 217</p> <p>1 A. Yes.</p> <p>2 Q. And are there circumstances where the</p> <p>3 doctors who are employed, apart from the medical</p> <p>4 director, would have any role in overseeing or</p> <p>5 interacting with the nurse practitioners at the</p> <p>6 family medical center?</p> <p>7 THE WITNESS: No.</p> <p>8 MR. WOLFSON: Objection.</p> <p>9 By Ms. Richardson:</p> <p>10 Q. And what if the nurse practitioner</p> <p>11 encounters a situation in the family planning center</p> <p>12 that is beyond her medical skill set, are there</p> <p>13 circumstances where she would need to consult with or</p> <p>14 seek advice from one of the doctors?</p> <p>15 MR. WOLFSON: So once again I would</p> <p>16 object to this entire line of questioning, but go</p> <p>17 ahead.</p> <p>18 MS. RICHARDSON: Thank you. Your</p> <p>19 objection is noted.</p> <p>20 By Ms. Richardson:</p> <p>21 Q. You can answer.</p> <p>22 A. The nurse practitioner would consult</p> <p>23 what the medical director.</p> <p>24 Q. And so I'd like to understand a little</p> <p>25 bit more. I think you mentioned earlier that</p>	<p style="text-align: right;">Page 219</p> <p>1 have not been -- secured an additional contract as of</p> <p>2 yet to indicate what that amount would be</p> <p>3 specifically. The gross exposure is the \$400,000</p> <p>4 assigned to that.</p> <p>5 Q. But that certainly would be offset by</p> <p>6 any potential savings, right? That's not the net</p> <p>7 impact that discontinuing the program would have on</p> <p>8 PPGOH, right?</p> <p>9 MR. WOLFSON: Objection.</p> <p>10 THE WITNESS: It's difficult to</p> <p>11 determine the net impact at this time.</p> <p>12 By Ms. Richardson:</p> <p>13 Q. And what information would you need to</p> <p>14 be able to determine the net impact?</p> <p>15 A. We have to look at ultimately the</p> <p>16 contract to be secured for the lab processing, and</p> <p>17 ultimately the cost of -- of those people that would</p> <p>18 continue to receive the services. We have built in a</p> <p>19 conservative amount into our budget this year, which</p> <p>20 would be at least half of the amount.</p> <p>21 Q. And half of what amount?</p> <p>22 A. Of the 400,000.</p> <p>23 Q. And so have you built -- what precisely</p> <p>24 is the amount that you have built into your budget as</p> <p>25 an estimate of the net impact?</p>
<p style="text-align: right;">Page 218</p> <p>1 discontinuing the STD Prevention Program would have a</p> <p>2 financial impact, and I wanted to understand what you</p> <p>3 mean by that.</p> <p>4 So what would be -- under the STD</p> <p>5 Prevention Program, ODH did not provide any monetary</p> <p>6 grants to PPGOH; is that correct?</p> <p>7 A. ODH paid for the lab processing and test</p> <p>8 kit fee. The lab then bills Medicaid and commercial</p> <p>9 insurance, and billed the remainder back to ODH.</p> <p>10 That was revenue in kind to us because we didn't have</p> <p>11 to pay the remaining balance. So the cost to us</p> <p>12 would be for that remaining balance.</p> <p>13 Q. And in some circumstances you've</p> <p>14 indicated that you'll be passing that remaining</p> <p>15 balance on to patients; is that correct?</p> <p>16 MR. WOLFSON: Objection.</p> <p>17 THE WITNESS: Patients would be charged</p> <p>18 based on their ability to pay.</p> <p>19 By Ms. Richardson:</p> <p>20 Q. And so have you done an analysis to</p> <p>21 determine the overall net financial impact of</p> <p>22 discontinuing services under the STD Prevention</p> <p>23 Program? And again by you, I mean the organization</p> <p>24 as a whole.</p> <p>25 A. From a preliminary impact it would -- we</p>	<p style="text-align: right;">Page 220</p> <p>1 A. Approximately 200,000.</p> <p>2 Q. And who did that financial analysis?</p> <p>3 A. Myself.</p> <p>4 Q. And you said that is reflected in a</p> <p>5 budget; is that correct?</p> <p>6 A. That would conservatively be reflected</p> <p>7 in the -- a contingency going forward.</p> <p>8 Q. And do you know whether that budget was</p> <p>9 provided to us in response to our request for</p> <p>10 production of documents?</p> <p>11 A. The '17 budget was not provided. This</p> <p>12 would be the future budget.</p> <p>13 Q. And so this would be the budget where</p> <p>14 you have recorded what you would estimate to be the</p> <p>15 actual net financial impact of discontinuing the STD</p> <p>16 Prevention Program, correct?</p> <p>17 A. Correct.</p> <p>18 Q. Is there anywhere else where that net</p> <p>19 impact would be recorded?</p> <p>20 A. No.</p> <p>21 Q. And have you done an estimate of the</p> <p>22 number of overall STD screening tests that you would</p> <p>23 likely provide going forward if the STD Prevention</p> <p>24 Program is discontinued?</p> <p>25 A. Yes. Because the trend has been pretty</p>

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1 consistent, we would hope to be able to continue at
2 approximately the same level.

3 Q. And so would that mean that you would
4 expect to provide approximately 90,000 STD screening
5 tests? Did I remember the correct number?

6 A. Correct.

7 Q. And have you done an analysis of how
8 many of those tests you would expect to be offered
9 free of charge?

10 A. Yes. We would not be able to offer
11 anything free of charge except for those that fall at
12 the zero percent on the Title 10 scale.

13 Q. And do you have an estimate as to how
14 many people would qualify for that zero percent under
15 the Title 10 scale?

16 A. I'm sorry, I can't recall that exact
17 number that calculated into our percentage right at
18 it moment.

19 Q. But that's a number that you have
20 calculated; is that correct?

21 A. It was a number we took into
22 consideration when we considered the cost analysis
23 that would be required.

24 Q. And where is that analysis or estimate
25 provided?

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1 A. That would be in the projected budget
2 for fiscal year '17.

3 Q. Is that a document you could obtain to
4 continue this deposition today and be able to answer
5 the questions that I'm asking about these estimated
6 impacts?

7 MR. WOLFSON: Objection.

8 THE WITNESS: At this very moment? I'm
9 sorry, obtain now?

10 MS. RICHARDSON: Yes. And at this point
11 I would actually approach counsel about this. This
12 is very clearly requested both in our request for
13 production of documents and within the scope of the
14 notice today, and the witness is not able to provide
15 these numbers from memory.

16 So we would ask either that that
17 document be provided, we'd have an agreement to
18 provide that document, or that she be able to obtain
19 that so that she can refer to it and provide these
20 numbers.

21 MR. WOLFSON: And I don't know for sure
22 we haven't provided it. If we haven't we'll look
23 into that. I'll have to look into that. I'm not
24 going to, you know, have the witness, you know, go
25 get a document right now. We can continue the

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1 deposition.

2 MS. RICHARDSON: Okay. We can go back
3 to that issue on a break then to determine how best
4 to proceed.

5 By Ms. Richardson:

6 Q. And so sitting here today, you don't
7 even remember a ballpark estimate of the number of
8 free STD screening tests that you would expect to
9 administer going forward if the STD Prevention
10 Program is discontinued; is that correct?

11 A. Fourteen percent of our patients fall
12 somewhere on the sliding fee scale for self pay. I
13 don't have the breakdown of that as to how much are
14 zero, 20, 40, 60 percent of how the sliding fee scale
15 works.

16 Q. And so 14 percent of the 90,000 would be
17 entitled to some type of reduction under your sliding
18 scale, is that correct?

19 MR. WOLFSON: Objection.

20 THE WITNESS: No, because the 90,000,
21 that would not be the total impact because the 90,000
22 encompasses all of the STI testing, not just the
23 60,000 of STI testing associated -- the 64,000
24 associated with this program.

25 By Ms. Richardson:

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1 Q. And so I'm asking going forward, if the
2 STD Prevention Program is discontinued, I believe
3 that you testified that you would estimate that PPGOH
4 would still provide 90,000 total STD screening tests;
5 is that correct?

6 A. Correct.

7 Q. And so I'm trying to figure out what
8 percentage of those would be provided free of charge.
9 And you said 14 percent of patients fall on the
10 sliding scale. Is that all patients for any service?

11 A. Yes. And the complexity of the
12 calculation is why I don't want to quote necessarily
13 answers, because we're talking about Title 10
14 patients. Some of the 90,000 tests are not provided
15 to Title 10 patients, and there's a lot of -- it's
16 not a simple calculation, which is why I can't
17 provide that to you by memory.

18 Q. But just so I understand, that
19 calculation has been done, you just don't recall
20 specifically what it is sitting here today, is that
21 fair?

22 A. Correct.

23 Q. And so I'd like to turn to HIV testing
24 for a moment. And I understand that the HIV
25 Prevention Program that is outlined in the law that's

<p style="text-align: right;">Page 225</p> <p>1 being challenged here is handled primarily through 2 the education department; is that correct? 3 A. Correct. 4 Q. But it's also my understanding that the 5 family planning centers also provide HIV testing in 6 circumstances not covered by the educational HIV 7 prevention program; is that correct? 8 A. Correct. 9 Q. And so under what circumstances does 10 PPGOH provide HIV testing to patients? 11 A. If they would -- the program is an 12 outreach program, the education program. If they 13 would schedule an appointment for an HIV testing in 14 one of our health centers, they could receive HIV 15 testing throughout -- at our other health center 16 locations. 17 Q. And so I understand that, pursuant to 18 the outreach program there is an HIV screening 19 specialist; is that correct? 20 MR. WOLFSON: Objection. That may not 21 be -- I think that's Mr. Espino's domain, not 22 Ms. Singhaus. 23 By Ms. Richardson: 24 Q. Is that something that you're familiar 25 with?</p>	<p style="text-align: right;">Page 227</p> <p>1 A. Yes. 2 Q. And so would there be some patients then 3 under that sliding scale that would qualify for free 4 HIV testing under that scale? 5 A. Yes. 6 Q. Do you know approximately how many free 7 HIV tests that PPGOH provides outside of the scope of 8 the HIV Prevention Program? 9 A. I don't know how many free tests we 10 provide. I know that it represents about 25 11 percent -- the program represents about 25 percent of 12 all of the HIV tests that we provide. 13 Q. And so let me make sure I understand 14 that correctly. Twenty-five percent of all HIV tests 15 PPGOH administers are covered under the HIV 16 Prevention Program; is that correct? 17 A. That's correct. 18 Q. Do you know how many total HIV tests 19 PPGOH would provide, and we'll look at the most 20 recent year as an example? 21 A. About 12,000 total. 22 Q. And so approximately 25 percent of those 23 would be administered under the HIV Prevention 24 Program? 25 A. Yes.</p>
<p style="text-align: right;">Page 226</p> <p>1 A. Only to the extent of -- of the grant 2 program. 3 Q. And so the reason I'm asking, my 4 understanding from the testimony earlier today is 5 that there's an HIV screening specialist who travels 6 to various health centers and provides HIV screening 7 at the health centers. Is that correct? 8 A. Only to those health centers associated 9 with the geographic area. 10 Q. And so for those centers, would the 11 center provide HIV testing outside of the context of 12 the HIV prevention program? 13 A. No free of charge. 14 Q. And so how would a patient be charged 15 for an HIV test in a family plan center outside of 16 the scope of the HIV Prevention Program? 17 A. According to their ability to pay. 18 Q. Is there a circumstance in which one of 19 the health centers might refer a patient to the 20 health screening specialist? 21 A. If they were available at that time and 22 not in an outreach situation. 23 Q. And the ability to pay, is this the same 24 ability to pay sliding scale that we have been 25 discussing for the other services?</p>	<p style="text-align: right;">Page 228</p> <p>1 Q. And then some amount beyond that would 2 also be free of charge under the sliding scale that 3 we have been talking about; is that correct? 4 A. That's correct. 5 Q. And going forward, PPGOH will continue 6 to provide its HIV screening in all of its family 7 centers, correct? 8 A. That's correct. 9 Q. And then I believe the other program 10 that you mentioned previously that is referenced in 11 the law that's being challenged here is what we 12 agreed to call the BCCP program; is that correct? 13 A. Correct. 14 Q. And can you describe to me generally how 15 the BCCP program works as it relates to PPGOH? 16 A. I understand there are 11 regional 17 centers across the State where women can go, who then 18 refer to a provider. Most recently I think that's 19 been reduced to five centers where they -- where the 20 regional centers that refer to the provider. 21 Providers can apply to be a provider of 22 this service, and we -- we only -- this service is in 23 our northeast Ohio centers, and we have had one 24 service in Toledo. So it's primarily in the 25 northeast Ohio area.</p>

<p style="text-align: right;">Page 229</p> <p>1 The woman comes to us and then it's</p> <p>2 billed according to the regular -- literally the</p> <p>3 Medicare/Medicaid CPT fee schedule to the regional</p> <p>4 center for reimbursement.</p> <p>5 Q. So you send the bill directly to the</p> <p>6 regional center; is that correct?</p> <p>7 A. Yes.</p> <p>8 Q. And do they pay the full amount of that</p> <p>9 bill?</p> <p>10 A. They pay according to a fee schedule</p> <p>11 that's attached to the contract itself. And again,</p> <p>12 that's by service.</p> <p>13 Q. Are there circumstances under which the</p> <p>14 amount that the regional center pays for the visit is</p> <p>15 less than what PPGOH has charged for those services?</p> <p>16 A. No, it's paid on the predetermined</p> <p>17 charge up front with the contract.</p> <p>18 Q. So in other words, is it fair to say</p> <p>19 that you charge the amount that is provided for under</p> <p>20 the program and they reimburse you for that same</p> <p>21 amount?</p> <p>22 MR. WOLFSON: Objection.</p> <p>23 THE WITNESS: We charge the amount</p> <p>24 that's provided in the contract.</p> <p>25 By Ms. Richardson:</p>	<p style="text-align: right;">Page 231</p> <p>1 reimbursed by the BCCP.</p> <p>2 By Ms. Richardson:</p> <p>3 Q. And so let's say that a patient comes in</p> <p>4 through the BCCP program, and my understanding is</p> <p>5 that entitles her to breast cancer screening and</p> <p>6 cervical cancer screening; is that correct?</p> <p>7 A. Yes.</p> <p>8 Q. And in the event that the -- during the</p> <p>9 patient's visit at PPGOH she indicates a desire to</p> <p>10 receive additional services, what would happen?</p> <p>11 MR. WOLFSON: Objection.</p> <p>12 THE WITNESS: I could only -- it would</p> <p>13 require some sort -- it may require a follow-up</p> <p>14 scheduling visit. That's an extensive visit that she</p> <p>15 was scheduled to provide the breast cancer and</p> <p>16 cervical cancer screening.</p> <p>17 By Ms. Richardson:</p> <p>18 Q. And so what if during the breast and</p> <p>19 cervical cancer screening she asks to receive a</p> <p>20 pregnancy test; what would the protocol -- what would</p> <p>21 PPGOH's protocol call for in that circumstance?</p> <p>22 MR. WOLFSON: Objection.</p> <p>23 THE WITNESS: The likelihood of that</p> <p>24 would be rather slim in that she would be -- it's</p> <p>25 over 40 as well -- but she would have to schedule a</p>
<p style="text-align: right;">Page 230</p> <p>1 Q. And that's the amount that they</p> <p>2 reimburse you for, correct?</p> <p>3 A. Correct.</p> <p>4 Q. And how does the amount that you charge</p> <p>5 pursuant to the BCCP contract compare to what you</p> <p>6 would charge for those same services outside of that</p> <p>7 contract?</p> <p>8 A. That contract stipulates the same</p> <p>9 Medicaid, commercial insurance charges that we would</p> <p>10 charge normally.</p> <p>11 Q. And are there any fees assessed to the</p> <p>12 patient who comes in to receive services under the</p> <p>13 BCCP program?</p> <p>14 A. Not for those services.</p> <p>15 Q. What about for the office visit?</p> <p>16 A. No.</p> <p>17 Q. And are there circumstances where a</p> <p>18 patient that comes in through the BCCP program would</p> <p>19 be charged for other services?</p> <p>20 A. Not at that visit.</p> <p>21 Q. And so what circumstances would exist</p> <p>22 where a patient who gets received through the BCCP</p> <p>23 program might have to pay some kind of charge?</p> <p>24 MR. WOLFSON: Objection.</p> <p>25 THE WITNESS: That visit would be</p>	<p style="text-align: right;">Page 232</p> <p>1 pregnancy test beyond that.</p> <p>2 By Ms. Richardson:</p> <p>3 Q. And would that -- similar to the</p> <p>4 circumstances we were discussing earlier in the</p> <p>5 context of the STD screening, is that something that</p> <p>6 could be provided immediately following her breast</p> <p>7 and cervical cancer screening?</p> <p>8 A. I think it would depend on the</p> <p>9 circumstances.</p> <p>10 Q. It might be that she would obtain those</p> <p>11 immediately after, it would just be coded as a</p> <p>12 different visit, is that accurate?</p> <p>13 MR. WOLFSON: Objection. Go ahead.</p> <p>14 THE WITNESS: It would definitely be a</p> <p>15 totally separate visit.</p> <p>16 By Ms. Richardson:</p> <p>17 Q. And so it might -- as we understand the</p> <p>18 term "visit" as a practical matter, it might all take</p> <p>19 place during one time, one actual visit to the</p> <p>20 center, but it would be coded as two separate visits;</p> <p>21 is that correct?</p> <p>22 A. That's correct.</p> <p>23 Q. And would she be charged for that</p> <p>24 pregnancy test in the event that she obtained one at</p> <p>25 that point?</p>

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1 A. The grant would not be charged for the
2 pregnancy test because it's not an eligible service.
3 She would be fee scaled according to her ability to
4 pay.

5 Q. And if it was determined as a result of
6 that pregnancy test that she was in fact pregnant,
7 would she receive the same kinds of options
8 counseling that we discussed earlier in connection
9 with the STD screening?

10 MR. WOLFSON: Objection.

11 THE WITNESS: Again, the options
12 counseling would be if you -- is only provided if you
13 are unclear or unsure of your options.

14 In this particular instance, if she was
15 referred because of a specific cancer or cervical
16 cancer screening, in all likelihood there would have
17 to be some sort of followup -- this would be an
18 at-risk kind of situation -- followup that would be
19 outside of the Title 10 regulations.

20 Q. And so what would the implication of
21 that be if it was outside of the Title 10
22 regulations?

23 A. We would -- we will follow -- we
24 would -- we will provide referral follow-up services
25 for that individual for the breast and cervical

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1 Q. And so I believe -- I just want to make
2 sure that I understand. You mentioned earlier that
3 in the case of someone who came in for breast or
4 cervical cancer screening and was determined to be
5 pregnant, that she might fall outside of Title 10.
6 Why is that?

7 MR. WOLFSON: Objection. Do you
8 understand the question?

9 THE WITNESS: No. Please say that
10 again.

11 By Ms. Richardson:

12 Q. Sure. And I apologize because I may be
13 misunderstanding your testimony earlier. I thought
14 what you said is in the case of a patient who came in
15 to obtain cervical or breast cancer screening and
16 determined that she was pregnant, that there would be
17 a follow-up procedure that might be outside of the
18 scope of Title 10. Did I misunderstand?

19 A. The term follow-up procedure outside
20 Title 10 is unclear in that the pregnancy test would
21 be a separate service. The fact that she's part of
22 the breast cancer and cervical cancer grant may
23 medically indicate different follow-up procedures
24 because of the fact -- because of the breast cancer,
25 cervical cancer awareness screening piece.

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1 cancer screening and whatever her pregnancy related
2 option would be.

3 Q. And what types of referral options would
4 she be given outside of the Title 10 options that we
5 have discussed earlier?

6 A. Because her purpose was the breast and
7 cervical cancer screening and there's a follow-up
8 procedure associated with that grant specifically,
9 and the results accordingly with that, so we wouldn't
10 provide that kind of follow-up care.

11 Q. And so what is the follow-up procedure
12 recommended?

13 A. It would depend on the -- it would
14 depend on the circumstances of the individual.

15 Q. Where is that follow-up procedure set
16 forth? Is that in PPGOH's protocol or is that
17 something that would be part of the BCCP program?

18 A. It's part of our -- it would be part of
19 our normal referral standard of care, but it would
20 also be part of the BCCP as well.

21 Q. And is your referral standard of care
22 set forth in a particular document?

23 A. No, it is dependent on the
24 circumstances, dependent on the medical needs of the
25 patient.

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1 By Ms. Richardson:

2 Q. Meaning that if she tested positive for
3 for indicia of cervical or breast cancer as part of
4 that screening, her followup for the pregnancy might
5 be different, am I understanding correctly?

6 A. The medical necessity of any kind of
7 followup would be dictated by the results of that
8 grant.

9 Q. And so can you just describe to me kind
10 of the range of options that might be available?

11 A. That would -- that would follow the same
12 kind of protocol that we do for all our breast and
13 cervical cancer screening, and that's certainly a
14 medical --

15 Q. And so let's -- let's say that this was
16 a patient who was determined to be pregnant and she
17 also -- the cervical cancer screening suggested a
18 need for followup or potential irregularities. What
19 would the followup protocol be for that patient?

20 MR. WOLFSON: Objection.

21 THE WITNESS: We have -- she would be
22 referred to care for the -- for additional care for
23 oncology care or whatever her specific presentation
24 required.

25 By Ms. Richardson:

<p style="text-align: right;">Page 237</p> <p>1 Q. And I think you also mentioned that she 2 might be given referrals related to the pregnancy 3 itself. What would that referral protocol consist 4 of? 5 A. It would be continued -- it would be a 6 part of the entire situation, remembering this is for 7 individuals over the age of 40 years old. 8 Q. And so would she be advised specifically 9 that she should consider an abortion as an option? 10 A. It would be specific to this 11 individual's follow-up care. This would definitely 12 be an at-risk situation, of which we do not provide 13 that type of follow-up care. 14 Q. You don't provide at-risk pregnancy 15 follow-up care, is that what you're referring to? 16 A. Yes. 17 Q. And so would she be referred to another 18 provider then at that point for high-risk pregnancy 19 care? 20 A. She'll be referred to whatever her 21 medical necessity would require given the entire 22 scope of the visit and the results of those tests. 23 Q. And could that medical necessity 24 follow-up care include abortion services in your 25 view?</p>	<p style="text-align: right;">Page 239</p> <p>1 By Ms. Richardson: 2 Q. Referred to whom? 3 A. Depending on her circumstances. 4 Q. And so I'm just trying to understand. 5 So we have a patient who has -- there is some 6 indication of a potential problem as a result of the 7 breast or cervical cancer screening, and she is 8 pregnant. 9 And so I understand your testimony to be 10 that you would not -- you meaning PPGOH, would not be 11 responsible for the follow-up high risk pregnancy 12 care; is that correct? 13 A. We aren't responsible for the oncology 14 follow-up as well, if that were the case. 15 Q. And so what follow-up would you be 16 responsible for? 17 A. Providing the follow-up referrals, and 18 according to the protocols, according to -- dependent 19 on the results of her tests. 20 Q. And so I'm just trying to understand 21 what the range of the referral procedures and the 22 protocols that you're referencing are for PPGOH under 23 those circumstances. 24 A. We have -- we have pro -- medical 25 professionals that we refer to that would -- when we</p>
<p style="text-align: right;">Page 238</p> <p>1 MR. WOLFSON: Objection. 2 THE WITNESS: She will be referred for 3 whatever medical care is required for her. 4 By Ms. Richardson: 5 Q. Is that one potential option? 6 A. She will be referred for whatever is 7 medically necessary outside of our evaluation. 8 Q. Are there circumstances in your protocol 9 where you would, as a matter of course, refer someone 10 to an abortion center for abortion services? 11 MR. WOLFSON: Objection. 12 By Ms. Richardson: 13 Q. As a result of the testing that was done 14 for breast or cervical cancer? 15 A. She will be referred for the best 16 medical care as a result of her breast and cervical 17 cancer system. 18 Q. And so my question is, could that best 19 medical care include a referral to an abortion 20 service provider? 21 MR. WOLFSON: Objection. 22 THE WITNESS: Not from our respect of 23 the grant and the medical care as well. She would be 24 referred for the results of those tests resulting 25 from the breast and cervical cancer center.</p>	<p style="text-align: right;">Page 240</p> <p>1 do a regular breast exam we have a list of 2 collaborating professionals within the -- each 3 individual community that we could refer for 4 followup, be it a breast exam for any of our regular 5 professionals -- and there are specific -- and 6 because this would have been a specific referral from 7 the grant, we would also include that -- those 8 protocols with the grant for the referral follow-up. 9 Q. And so I think my question earlier was 10 whether or not among those referral services, a 11 patient who is pregnant and also shows signs of 12 problems as a result of the cervical or breast cancer 13 screening, would be referred specifically to an 14 abortion provider -- 15 MR. WOLFSON: Objection. 16 By Mr. Richardson: 17 Q. -- for services? 18 A. The cervical and breast cancer could 19 never be decoupled -- that would be the provider of 20 the follow-up. That would be the follow-up provider 21 for the breast and cervical cancer services. 22 Q. So she would be referred to someone to 23 continue testing for cervical or breast cancer? 24 A. She would be referred with her test 25 results to someone that would -- to a medical</p>

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1 professional dependent on her results for the breast
2 and cervical cancer.

3 Q. And so separately with respect to the
4 pregnancy test, if it is determined that that
5 pregnancy test is possible, what referrals would she
6 be given related to the pregnancy?

7 A. It would not be decoupled from the
8 reason for her -- the appropriate reason for her
9 visit to us.

10 Q. And would abortion services be included
11 among the referral services that are given to the
12 patient under those circumstances?

13 MR. WOLFSON: Objection.

14 THE WITNESS: It would not be decoupled
15 from the breast and cervical cancer services, that
16 would be the followup required. We do not provide
17 any -- our surgical centers do not provide at-risk
18 surgical service, and we wouldn't refer them to any
19 other one other than the medical professional to deal
20 with the breast and cervical cancers.

21 By Ms. Richardson:

22 Q. Okay. And so I apologize, because I
23 think I'm asking a slightly different question. So
24 let me ask again.

25 If she tests positive on her pregnancy

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1 test, with respect to followup related specifically
2 to her pregnancy, whether coupled or decoupled from
3 the cervical and breast cancer screening, would
4 abortion services be discussed among the referral
5 options that she's given?

6 MR. WOLFSON: Objection. It's been
7 asked and answered many times.

8 MS. RICHARDSON: It has not been
9 answered. It has been asked.

10 By Ms. Richardson:

11 Q. You may answer.

12 A. There would never be a case where
13 that -- a referral would be made independent of the
14 reason for her breast and cervical cancer visit.

15 Any discussion beyond that would have to
16 be entwined with her medical care associated with the
17 breast and cervical cancer.

18 Q. And so would abortion services be
19 provided among the services that are recommended as
20 treatment for her cervical or breast cancer services?

21 MR. WOLFSON: Objection.

22 THE WITNESS: That would be determined
23 on the follow-up.

24 By Ms. Richardson:

25 Q. And would that be a follow-up with

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1 PPGOH?

2 A. No.

3 Q. Are there any circumstances related to
4 breast and cervical cancer screening where abortion
5 services would be discussed?

6 A. The results of her breast and cervical
7 cancer screening would be determined of her entire
8 medical follow-up.

9 Q. I understand that. And so I'm asking a
10 yes or no question. And that's where the disconnect
11 is.

12 Would abortion services ever be
13 discussed with a patient receiving breast and
14 cancer -- breast and cervical cancer screening?

15 MR. WOLFSON: Objection.

16 THE WITNESS: This would require --
17 there are several -- it's a hypothetical situation
18 that the same person that would be there would also
19 entertain a pregnancy test while she was there, and
20 the screening initially would have taken place from
21 the breast and cervical cancer treatment. So that --
22 the circumstances of that are very unlikely.

23 By Ms. Richardson:

24 Q. And so my question was a yes or no.
25 Would there ever be a circumstance where abortion

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1 services would be provided?

2 MR. WOLFSON: Objection.

3 By Ms. Richardson:

4 Q. And I would be thrilled to move on, but
5 I just want to understand the answer to the question
6 that I've asked.

7 A. You just asked if the abortion services
8 would be provided.

9 Q. Would be discussed. Would abortion
10 services ever be discussed with a patient who comes
11 to PPGOH to receive cervical and breast cancer
12 screening?

13 A. Planned Parenthood of Greater Ohio does
14 not provide at-risk abortion services to an
15 individual. The circumstances would be very unlikely
16 that this would occur, and if it occurred, we would
17 encourage -- we would include in the follow-up the
18 fact that she had a positive pregnancy test.

19 If you want -- so in the entire positive
20 pregnancy test as well as all of the breast and
21 surgical cancer screening would be included in the
22 followup to the next medical professional.

23 Q. Would she receive a discussion of
24 options about what to do with respect to her
25 pregnancy?

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1 MR. WOLFSON: By whom?

2 By Ms. Richardson:

3 Q. By PPGOH.

4 A. Her options would be to seek
5 professional care related to her -- her medical
6 determination based on the breast and cervical
7 cancer.

8 Q. And would she be advised that her
9 pregnancy test was positive?

10 A. She would be given the results of her
11 pregnancy test.

12 Q. And so earlier you described three
13 different options that would be communicated to the
14 patient in the event that she was determined to be
15 pregnant.

16 Would she receive those general options,
17 would she be advised that -- I think you mentioned
18 carry her pregnancy to term, she could terminate the
19 pregnancy, or she could seek adoption service, are
20 those the three options generally provided?

21 A. You are talking -- this would -- those
22 are the options under the Title 10 guidelines not
23 related to -- not tied specifically to the breast and
24 cervical cancer project.

25 Q. And so would a patient receiving

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1 A. If she were unsure of her -- if she was
2 unsure what she wanted to do, and that's when the
3 options counseling is appropriate, and she actually
4 fell under the Title 10 guidelines as well, if she
5 were unsure of the counseling, she could be provided,
6 hypothetically.

7 Q. And in the event that the law that's
8 being challenged in this case takes effect, Planned
9 Parenthood of Greater Ohio will continue to provide
10 breast and cervical screening in its family planning
11 centers, correct?

12 A. Yes.

13 Q. And have you done any type of impact of
14 the overall net -- sorry. Have you done any
15 financial analysis of what the net impact of
16 discontinuing the BCCP program would have
17 specifically on PPGOH?

18 A. Because we provide that service and we
19 would charge accordingly with the CPT code, it would
20 not have a financial impact, it would have a service
21 impact for those women that may want to have come to
22 us and be comfortable in coming to us.

23 Q. But there would not be a financial
24 impact, did I understand that correctly?

25 A. Correct.

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1 services under the breast and cervical cancer
2 prevention project receive those same options
3 counseling?

4 A. It would not be appropriate to the
5 service that they were intended to be there for.
6 Medical care would dictate that the breast and
7 cervical cancer screening would require the follow-up
8 care, if necessary, and that would be -- part of the
9 test would be part of that.

10 Q. So let's approach it from a different
11 hypothetical. Let's assume that someone comes in for
12 breast and cervical cancer screening pursuant to the
13 BCCP program, and that screening shows no signs of
14 cancer, so that the screening comes out negative for
15 those tests, and she indicates that she would like to
16 have a pregnancy test taken.

17 She might be given a pregnancy test that
18 day but it would be coded as a different visit as we
19 discussed previously, correct?

20 MR. WOLFSON: Objection.

21 THE WITNESS: Correct.

22 By Ms. Richardson:

23 Q. And in the event that she was determined
24 to be pregnant, would she receive the options
25 counseling that you described earlier?

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1 Q. And for those women who want to receive
2 screening from PPGOH, they could still receive breast
3 and cervical cancer screening in your family planning
4 centers, correct?

5 A. It would not be provided -- they would
6 have to be charged, it would not be provided for them
7 through the grant program.

8 Q. And they would be subject to the same
9 sliding scale that we have been discussing today,
10 correct?

11 A. Correct.

12 Q. And so for some of them they might not
13 have to pay anything for those services, correct?

14 A. For some.

15 MR. WOLFSON: Can we take a break?

16 MS. RICHARDSON: Sure. Fine.

17 (Recess was taken.)

18 By Ms. Richardson:

19 Q. I'd like to ask you now to take a quick
20 look at the document that we have marked as Exhibit
21 2. Feel free to take a moment to review. Are you
22 ready for me to ask questions?

23 A. Yes.

24 Q. Thank you. And is it your understanding
25 that these are responses to interrogatories that we

<p style="text-align: right;">Page 249</p> <p>1 have sent to you in connection with this litigation?</p> <p>2 A. Yes.</p> <p>3 Q. And if you take a look at the response</p> <p>4 to interrogatory No. 1, and that is on Page 4.</p> <p>5 A. Yes.</p> <p>6 Q. It asks there to identify each person</p> <p>7 answering these interrogatories, and is your name</p> <p>8 listed among those who completed these responses?</p> <p>9 A. Yes.</p> <p>10 Q. And did you in fact contribute to the</p> <p>11 completion of these responses?</p> <p>12 A. Yes.</p> <p>13 Q. And so the good news is I think we have</p> <p>14 covered everything in here, I think I have just a</p> <p>15 couple of quick questions. I'd like for you to turn</p> <p>16 to interrogatory No. 13 which begins on Page 19, and</p> <p>17 the response begins on the top of Page 20.</p> <p>18 A. All right.</p> <p>19 Q. And on Page 19 the interrogatory asks,</p> <p>20 "State what funds received from each of the programs</p> <p>21 identified in Section 3701.034 contribute directly or</p> <p>22 indirectly to the provision, performance, or</p> <p>23 promotion abortion." Did I read that correctly?</p> <p>24 A. Yes.</p> <p>25 Q. And the answer listed here following an</p>	<p style="text-align: right;">Page 251</p> <p>1 funds and the costs associated with those are</p> <p>2 allocated very carefully.</p> <p>3 Q. And so is it fair to say then that none</p> <p>4 of the funds that have been provided to PPGOH through</p> <p>5 these programs are relied on by PPGOH to provide</p> <p>6 abortion services?</p> <p>7 A. Yes.</p> <p>8 Q. And similarly, then, discontinuing</p> <p>9 participation in the programs identified in the law</p> <p>10 that's challenged here will have no impact on PPGOH's</p> <p>11 provision of abortion services, correct?</p> <p>12 A. Correct.</p> <p>13 Q. You will continue to provide those</p> <p>14 abortion services in the same manner that you have</p> <p>15 done so previously even if this law takes effect,</p> <p>16 correct?</p> <p>17 A. Correct.</p> <p>18 MS. RICHARDSON: At this time I think I</p> <p>19 have no further questions for you. I would ask --</p> <p>20 MR. WOLFSON: We'll talk about that off</p> <p>21 the record, whatever you have -- further information</p> <p>22 you may want, okay?</p> <p>23 MS. RICHARDSON: Perfect. That sounds</p> <p>24 good and I actually was not going to relate to that,</p> <p>25 I was just going to reserve the right that in the</p>
<p style="text-align: right;">Page 250</p> <p>1 objection is, "None of the funds received from each</p> <p>2 of the programs identified in Section 3701.034</p> <p>3 contribute directly or indirectly to the provision,</p> <p>4 performance, or promotion of abortion." Did I read</p> <p>5 that correctly?</p> <p>6 A. Yes.</p> <p>7 Q. And was that an answer that you</p> <p>8 contributed to completing?</p> <p>9 A. Yes.</p> <p>10 Q. And is it your understanding that this</p> <p>11 is an accurate answer to that question?</p> <p>12 A. Yes.</p> <p>13 Q. How do you know that none of the funds</p> <p>14 received from the programs identified in the law</p> <p>15 that's challenged here contribute directly or</p> <p>16 indirectly to the performance or promotion or</p> <p>17 abortion?</p> <p>18 A. We have a very sophisticated cost</p> <p>19 allocation methodology that is audited and reviewed</p> <p>20 by our independent auditors and by the Title 10</p> <p>21 reviewers.</p> <p>22 We allocate every single one of our</p> <p>23 costs to between our health centers and isolating the</p> <p>24 surgical centers, including all of our administrative</p> <p>25 costs and our medical director's costs, so those</p>	<p style="text-align: right;">Page 252</p> <p>1 event -- I think we only have one topic left, but in</p> <p>2 the event that there's an issue that comes up that I</p> <p>3 believe the next witness will be discussing that</p> <p>4 she's not in fact prepared, I would just reserve the</p> <p>5 right to call either of the two witnesses back.</p> <p>6 MR. WOLFSON: I have a few questions for</p> <p>7 you.</p> <p>8 - - -</p> <p>9 EXAMINATION</p> <p>10 By Mr. Wolfson:</p> <p>11 Q. So Ms. Singhaus, Ms. Richardson asked</p> <p>12 you a few questions involving the breast and cervical</p> <p>13 cancer project, and those questions involved a</p> <p>14 hypothetical situation where a woman comes to a</p> <p>15 Planned Parenthood facility for screening under the</p> <p>16 BCCP project, and also asks for and receives a</p> <p>17 pregnancy test and is determined to be pregnant. Do</p> <p>18 you remember those questions?</p> <p>19 A. Yes.</p> <p>20 Q. To your knowledge has that situation</p> <p>21 ever happened?</p> <p>22 A. Not to my knowledge.</p> <p>23 Q. Has any of your staff ever told you that</p> <p>24 such a situation has ever happened?</p> <p>25 A. No.</p>

<p style="text-align: right;">Page 253</p> <p>1 Q. Have you ever seen any documents 2 indicating that such a situation has ever happened? 3 A. No. 4 Q. Okay. Thank you. I'd like to then ask 5 you a couple of questions about the infertility 6 prevention project, or STI project, however you want 7 to call it. 8 And I think you mentioned that you 9 had -- that PPGOH had been offering approximately 10 90,000 STI tests per year, including both those 11 offered under the infertility prevention project and 12 outside the project; is that right? 13 A. Yes. 14 Q. And I think you indicated that if the 15 project were discontinued because the law were to go 16 into effect, some of the people who were previously 17 receiving free SDI testing would have to pay a charge 18 for it, is that correct? 19 A. Correct. 20 Q. And I think you said that charge would 21 be somewhere between 8 and \$30 approximately? 22 A. Yes. 23 Q. So in your experience would that -- 24 would that charge deter some people from -- from 25 asking for and receiving that STI testing?</p>	<p style="text-align: right;">Page 255</p> <p>1 other project purposes? 2 MS. RICHARDSON: Objection. 3 THE WITNESS: Yes, it would require -- 4 the Title 10 grant is a finite grant. It would 5 require reallocating from other programs. 6 MR. WOLFSON: Okay. Thank you. 7 --- 8 FURTHER EXAMINATION 9 By Ms. Richardson: 10 Q. I have just a few follow-up questions 11 related to that. First of all, your counsel, 12 Mr. Wolfson, asked you whether or not with respect to 13 a BCCP patient you were aware of a particular patient 14 who had ever come in to receive BCCP services and 15 also received a pregnancy test and was determined to 16 be pregnant; is that correct? 17 A. If I were aware of that? Yes. 18 Q. And you indicated that sitting here 19 today you can't personally recall a specific 20 incident, correct? 21 A. That's correct. 22 Q. And did you review individual patient 23 files or records in preparing for your deposition 24 today? 25 A. No.</p>
<p style="text-align: right;">Page 254</p> <p>1 MS. RICHARDSON: Objection. 2 THE WITNESS: That -- based on our 3 experience with our patients, that could deter them 4 from receiving the opportunity and asking for that 5 test. 6 By Mr. Wolfson: 7 Q. And what experience do you base that on? 8 A. The patient collection experience and 9 the intake experience that we review with each of our 10 clients. 11 Q. And what is the intake experience you're 12 referring to? 13 A. The financial interview and their 14 willingness to provide -- add a preventive service to 15 their bill, which is as a low income woman. 16 Q. I think Ms. Richardson also asked you a 17 few questions about the possibility that some -- some 18 people might nonetheless be able to receive zero fee 19 SDI testing under the Title 10 guidelines; is that 20 right? Do you recall that? 21 A. Yes. 22 Q. If you were -- if PPGOH were to do that, 23 were to provide some patients with zero fee SDI 24 testing under the Title 10 guidelines, would that 25 require PPGOH to reallocate Title 10 resources from</p>	<p style="text-align: right;">Page 256</p> <p>1 Q. And with respect to your testimony about 2 reallocating funding -- that you might have to 3 reallocate funding under Title 10 if patients are 4 able to receive STI testing free of charge, you 5 indicated that you might have to reallocate from our 6 programs. Did I understand that correctly? 7 A. Correct. 8 Q. Is that an estimate that you have 9 calculated sitting here today? 10 A. The \$4 million is a finite pot of money, 11 it would not grow to serve additional patients, so 12 any amount would have to be reallocated. 13 Q. And you testified a little bit earlier, 14 I believe, that you have already put together your 15 budget for 2017 estimating projected expenses and 16 revenues; is that correct? 17 A. That's correct. 18 Q. And does that budget contain any line 19 item reflecting a need to reallocate funding related 20 to the STI prevention program? 21 A. It reflects the increase in the STI 22 program in the same amount of Title 10 funding, so 23 yes, it does. 24 Q. And so what is the estimated impact 25 financially that that would have according to the</p>

<p style="text-align: right;">Page 257</p> <p>1 estimates that you have incorporated into your 2017 2 budget? 3 A. It's approximately \$200,000. 4 Q. So that any reallocation under Title 10 5 or elsewhere would be subsumed in the \$200,000 6 estimate you provided earlier, correct? 7 A. Yes. 8 MS. RICHARDSON: No further questions. 9 MR. WOLFSON: All right. Thanks. 10 (Recess was taken.) 11 --- 12 Iris Harvey, 13 being by me first duly sworn, as hereinafter 14 certified, deposes and says as follows: 15 EXAMINATION 16 By Ms. Richardson: 17 Q. Ms. Harvey, we just met, but for the 18 record again, my name is Ryan Richardson, and I'm an 19 attorney at the Ohio Attorney General's office. I am 20 here today representing the defendant in this case, 21 the Ohio Department of Health. 22 A. Okay. 23 Q. Have you ever been deposed prior to 24 today? 25 A. I have.</p>	<p style="text-align: right;">Page 259</p> <p>1 a little bit so I can see you? Talk to hear, but I 2 want to be able to see. 3 By Ms. Richardson: 4 Q. And I'll apologize in advance and ask 5 you to bear with us since we have been going a lot 6 longer than you have today. So if my questions start 7 coming out tongue tied, just let me know. 8 A. Okay. 9 Q. What is your current position at Planned 10 Parenthood of Greater Ohio? 11 A. Okay. I'm the President and CEO of 12 Planned Parenthood of Greater Ohio. 13 Q. And you took on that role relatively 14 recently; is that correct? 15 A. Yes. 16 Q. When specifically did you take on that 17 role? 18 A. April the 4th. 19 Q. And prior to that what did you do? 20 A. Prior that, for seven years I was the 21 Vice-President of University Relations for Kent 22 State. 23 Q. And in your current role for Planned 24 Parenthood of Greater Ohio, which we have been 25 referring to as PPGOH today, what are your</p>
<p style="text-align: right;">Page 258</p> <p>1 Q. How many times have you been deposed? 2 A. Once. 3 Q. Then I'll just very briefly hopefully 4 remind you of a few basic ground rules. 5 A. Okay. 6 Q. As you know, I will be asking a series 7 of questions. Your counsel may object for the record 8 to some of those questions, but unless he 9 specifically instructs you not to answer, I would ask 10 that you go ahead and answer the questions. 11 A. Okay. 12 Q. If you don't understand anything that I 13 have asked, please let me know and I will rephrase 14 the question. 15 A. Okay. 16 Q. If you do answer the question I've 17 asked, I'm going to assume that you have in fact 18 understood it. Is that fair? 19 A. Fair. 20 Q. Any reason today that you would not be 21 able to answer questions completely and truthfully? 22 A. I don't think so. 23 Q. Any questions before we begin? 24 A. No. 25 MR. WOLFSON: Can I ask you to sit back</p>	<p style="text-align: right;">Page 260</p> <p>1 responsibilities? 2 A. As President and CEO my primary 3 responsibilities are leadership of the organization. 4 Obviously fiscal security and the financial health 5 and sustainability of the organization. Development 6 of supporters, donors. 7 Making sure that we stay in compliance 8 with our federation requirements, Planned Parenthood 9 Federations of America, and that we have an ethical 10 medical operation. 11 Q. Thank you. And I'm going to skip ahead 12 and ask you to take a look at what we have marked as 13 document 1, which was right in front of you. Is it 14 still here? And please feel free to take a moment to 15 review that. 16 (Pause.) 17 A. Okay. 18 Q. And this is a notice of Rule 30(b)(6) 19 deposition for the record. Is this a document that 20 you have seen prior to today? 21 A. It is. 22 Q. And is it your understanding that you 23 are here today testifying on behalf of Planned 24 Parenthood of Greater Ohio in your answers? 25 A. Yes.</p>

<p style="text-align: right;">Page 261</p> <p>1 Q. And it's my understanding that you are 2 planning only to talk about, I believe one of the 3 topics set forth in Schedule A to this document; is 4 that correct? 5 A. That is correct. 6 Q. And is that the item listed as item 9 on 7 the last page of the schedule? 8 A. Yes. 9 Q. And that states, "Press statements or 10 releases referencing or relating to Section 3701.034, 11 or Substitute House Bill 294." Did I read that 12 correctly? 13 A. Yes. 14 Q. And are you in fact prepared to talk 15 about that topic today? 16 A. I am. 17 Q. Can you just describe for me first what 18 you did to prepare for today's deposition? 19 A. I met with my attorney, and obviously 20 met with my staff as we prepared the work. 21 Q. And which staff members did you 22 specifically meet with? And feel free for purposes 23 of this question to refer to them by their job title 24 or position. 25 A. Well, obviously my chief operating</p>	<p style="text-align: right;">Page 263</p> <p>1 to the time that it was filed in this case? 2 A. I don't believe so. I came on April 3 4th, so I don't believe I reviewed it before that. 4 Q. So is it fair to say then that you did 5 not contribute to the preparation of the complaint or 6 compiling the material that was referenced in the 7 complaint? 8 A. I don't think so. 9 Q. And I'd like to start by just asking you 10 to kind of walk through the process by which press 11 statements are prepared within PPGOH, and what your 12 role is? 13 A. Okay. So press statements -- and the 14 press statements that I am referring to are not press 15 statements prepared by PPGOH, they are press 16 statements that were prepared by Planned Parenthood 17 Advocates of Ohio. 18 Q. And what is Planned Parenthood Advocates 19 of Ohio? 20 A. Planned Parenthood Advocates of Ohio is 21 a 501(c)(4) social welfare organization. 22 Q. And what is their purpose? 23 A. The 501(c)(4)'s purpose is to protect 24 access to patients to Planned Parenthood's health 25 centers.</p>
<p style="text-align: right;">Page 262</p> <p>1 officer, Barbara Singhaus, and Diego Espino, who is 2 education VP. 3 Q. And did you speak to any other staff 4 members to prepare for today's deposition? 5 A. No. 6 Q. Did you review any documents to prepare 7 for today's deposition? 8 A. Yes. 9 Q. What documents did you review? 10 A. A variety of different documents. 11 Obviously information related to some of these other 12 areas. Nothing real specific, but generally 13 documents that reinforced some of the questions -- 14 answered some of the questions. For instance, the 15 press releases, many of them predated me. 16 Q. And outside of the press releases were 17 there any general categories of documents that you 18 reviewed? 19 A. No, not for the deposition. 20 Q. Have you reviewed the complaint that was 21 submitted in this case? And if you need it for 22 reference, it's actually marked as Exhibit 3 in front 23 of you. 24 A. I have looked at this. 25 Q. And did you review the complaint prior</p>	<p style="text-align: right;">Page 264</p> <p>1 Q. And what do you mean when you say that 2 the press releases were press releases of -- can we 3 call them PPAO? Is that fair? 4 A. Yes. 5 Q. What do you mean when you say that the 6 press releases you reviewed were press releases 7 prepared by PPAO? 8 A. Okay. So the statements that are made 9 in the press release prior to me, were made by the 10 former CEO who was also, as I am, the CEO and 11 President of Planned Parenthood, Advocates of Ohio. 12 So both are related to the (c)(4). 13 And so in developing the press release, 14 the communication is written to do advocacy and to 15 educate the public on legislative actions, and so it 16 is a document that is written in a (c)(4) voice. 17 So if you read the documents, the 18 statements, whether they are mine or Stephanie, we 19 are referred to as President or CEO of PPAO. 20 Q. And what are your roles as President of 21 PPAO? 22 A. The role is to interface with a (c)(4) 23 board, but primarily is to do advocacy on behalf of 24 the patients and the public that wants to use Planned 25 Parenthood.</p>

<p style="text-align: right;">Page 265</p> <p>1 Q. And does this advocacy consist of 2 advocacy to legislative bodies, or is it just 3 primarily public in its focus? 4 A. No. Under (c)(4) the advocacy can 5 include advocacy related to legislators and 6 legislation. 7 Q. And is that something that you 8 personally would be involved in preparing? 9 A. Yes. 10 Q. Any other types of advocacy efforts 11 aside from communications with legislative bodies? 12 A. The (c)(4) -- under the (c)(4), as PPAO 13 representatives we can do advocacy, which another 14 area could be lobbying, grassroots organizing. 15 Q. Would you also be involved with 16 fundraising? 17 A. Fundraising under the (c)(4), yes, that 18 could be. 19 Q. And what types of fundraising 20 initiatives have you been involved in with respect to 21 PPAO? 22 A. The PPAO -- there have been two e-mail 23 broadcasts to our stakeholders to let them know of a 24 defunding. 25 Q. And who do you include among your</p>	<p style="text-align: right;">Page 267</p> <p>1 e-mail? 2 A. My development people would draft it. 3 It did go out under my signature. 4 Q. And when you say your development people 5 now, are you referring to PPAO or PPGOH? 6 A. PPAO. 7 Q. And how many people would be included in 8 the development department or committee within PPAO? 9 A. There are actually no employees at PPAO. 10 There are employees of PPGOH, and their time, if they 11 work on a project, that time is allocated to the AO 12 appropriately. 13 Q. Thank you. And so approximately how 14 many PPGOH employees would spend time working on PPAO 15 projects? 16 MR. WOLFSON: Objection. 17 THE WITNESS: On the PPAO, probably in 18 this instance, development, two. 19 By Ms. Richardson: 20 Q. And what are their roles within PPGOH, 21 those two individuals? 22 A. Development. 23 Q. Development. How would the development 24 work that they do for PPAO compare or contrast with 25 what they do for PPGOH?</p>
<p style="text-align: right;">Page 266</p> <p>1 description of stakeholders? 2 A. Donors. 3 Q. Are these people who have already given 4 money, or people that you view as potential sources 5 of donations? 6 A. People who are -- have already been 7 donors, so they are in our database and indicated. 8 Q. I'm sorry, go ahead. 9 A. No, just donors. 10 Q. Would that include both individual and 11 entity donors? 12 A. No, just individual. 13 Q. When were these e-mail broadcasts sent 14 out to the donors? 15 A. There have only been two that I know of, 16 and one would have been probably in March or -- 17 either February or March. It preceded me, but I do 18 know that one was sent out. 19 Q. And have there been e-mail broadcasts 20 sent out since you started in your role? 21 A. As PPAO, yes. 22 Q. And when was that e-mail sent, the 23 second e-mail? 24 A. In the last month, I believe. 25 Q. And were you involved in drafting that</p>	<p style="text-align: right;">Page 268</p> <p>1 A. For PPAO they would be communicating the 2 issues related to, in this case, legislation changes. 3 Q. And with respect to PPGOH, who would the 4 audience be for those communications? 5 A. To GO? 6 Q. Yes. 7 A. Donors. 8 Q. Individual donors again? 9 A. Yes. 10 Q. And so that would be the same target 11 audience then that the communications from PPAO would 12 be sent to? 13 A. Donors, yes. 14 Q. And what was the overall message 15 provided in the two e-mail broadcasts that were sent 16 to stakeholders? 17 A. Factual truth about the legislation, 18 that it had passed, that it would prevent us from 19 continuing with the programs that we had contracts 20 on, and that that would create a financial difference 21 in our budget. 22 Q. And have you reviewed any of the 23 economic analyses to quantify the impact on budget? 24 A. From the standpoint I know the pieces of 25 the budget.</p>

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1 Q. Are you aware of what the net financial
2 impact would be on PPGOH?

3 MR. WOLFSON: Objection. Go ahead.

4 THE WITNESS: I know there are two
5 parts; there's a grant part of like \$640,000 that
6 would go away, and then there's the diagnostic
7 materials of like 400-and-some-thousand dollars, so
8 those are the two pieces from the GO standpoint that
9 I'm aware of.

10 By Ms. Richardson:

11 Q. So then you're referring to the overall
12 amount of either cash or in-kind contributions that
13 come in through the grants as a whole?

14 A. Related to, yes.

15 Q. And was one of the themes of those
16 e-mails communicating to your stakeholders that
17 Planned Parenthood of Greater Ohio would continue
18 operating even if this all takes effect?

19 A. Yes.

20 Q. And in fact, Planned Parenthood of
21 Greater Ohio will continue even if this all takes
22 effect, correct?

23 A. Yes.

24 Q. And it will continue providing services
25 if this all takes effect, right?

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1 A. Some services, yes.

2 Q. And it will continue providing abortion
3 services in particular, correct, even if this law
4 takes effect?

5 A. Yes.

6 Q. And PPGOH has also put out various
7 general press releases that it posts on its website
8 and in other locations, correct?

9 A. Yes.

10 MR. WOLFSON: Objection. PPGOH -- was
11 that PPGOH?

12 MS. RICHARDSON: Yes.

13 By Ms. Richardson:

14 Q. Did you understand my question to refer
15 to PPGOH?

16 A. So are you talking about -- there are
17 different press releases, so are you talking about
18 press releases related to the funding, or are you
19 talking about press releases relating to other stuff?
20 I'm not sure what you're talking about.

21 Q. So I am referring to press releases
22 related to the law that's being challenged in this
23 case.

24 A. No, PPGOH did not put press releases on
25 our website.

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1 Q. Okay. So the press releases that are
2 posted on PPGOH's website, are those PPAO repress
3 releases?

4 A. The press releases that are posted on
5 the website would be press releases posted on the
6 PPAO webpage.

7 Q. So let me ask you -- and now we're going
8 to get into technology, so I'm sure I'm going butcher
9 this, but if I were to go on to PPGOH's website and I
10 start looking at press releases, I have then been
11 sort of -- am I now on PPAO's website?

12 A. If you are looking for educational
13 advocacy information related to legislative stuff you
14 would be sent to a PPAO webpage.

15 Q. And similarly, does the PPGOH website
16 also directly link to the PPFA website?

17 A. Yes.

18 Q. Are there other websites that it would
19 directly take visitors to the website to?

20 MR. WOLFSON: Objection. If you know.

21 THE WITNESS: I don't know.

22 By Ms. Richardson:

23 Q. So as far as you know, then, just PPAO
24 and PPFA, users of the website might directly link
25 into their websites; is that correct? If you

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1 remember --

2 A. Can you repeat that?

3 Q. Yes, I will try. So just to make sure
4 that I understand correctly, someone who goes on to
5 PPGOH's website could link directly to either PPAO or
6 PPFA, is that correct?

7 MR. WOLFSON: Again, if you know.

8 THE WITNESS: Link directly, yes.

9 By Ms. Richardson:

10 Q. And with respect to the press releases
11 in particular, if I were to go to the press release
12 page, I would actually technically be on PPAO's
13 website at that point, did I understand that
14 correctly?

15 MR. WOLFSON: I think the question is --
16 go ahead. I think the question is -- one question I
17 have is what is your knowledge of the webpage, and do
18 you have the knowledge to answer this question for
19 PPGOH, and if you can, answer to the best of your
20 ability.

21 THE WITNESS: The press releases we were
22 talking about before are PPAO press releases and they
23 will be found on a PPAO page.

24 By Ms. Richardson:

25 Q. Which is linked through the PPGOH

<p style="text-align: right;">Page 273</p> <p>1 website, correct?</p> <p>2 A. Yes.</p> <p>3 Q. And were you involved in preparing those</p> <p>4 PPAO press releases that are available on the PPAO</p> <p>5 webpage?</p> <p>6 A. Say that again.</p> <p>7 Q. Were you personally involved in</p> <p>8 preparing those press statements?</p> <p>9 A. Which ones?</p> <p>10 Q. The PPAO press releases related to the</p> <p>11 law that's challenged in this case.</p> <p>12 A. Some of them.</p> <p>13 Q. And did you rely on any particular</p> <p>14 documents or analyses in preparing those press</p> <p>15 releases?</p> <p>16 A. Yes.</p> <p>17 Q. What documents or analyses did you rely</p> <p>18 on?</p> <p>19 A. On the legislation.</p> <p>20 Q. You reviewed the legislation</p> <p>21 specifically?</p> <p>22 A. The summary of it, yes.</p> <p>23 Q. Did you review any other documents</p> <p>24 related to data analysis or financial analysis in</p> <p>25 preparing those press releases?</p>	<p style="text-align: right;">Page 275</p> <p>1 calculate that. But we submit regular data.</p> <p>2 Q. And would those statistics have been</p> <p>3 something that you reviewed?</p> <p>4 A. No.</p> <p>5 Q. And you have also submitted declarations</p> <p>6 in this case as well, correct?</p> <p>7 A. Yes.</p> <p>8 Q. And what did you do to prepare those</p> <p>9 declarations?</p> <p>10 A. I --</p> <p>11 MR. WOLFSON: In answering that question</p> <p>12 don't reveal the substance of any conversation you</p> <p>13 had with lawyers, okay?</p> <p>14 THE WITNESS: Right. I would review</p> <p>15 with the responsible managers the data that answered</p> <p>16 the question, and get a sense of did they feel there</p> <p>17 was integrity in the data, was it accurate, and were</p> <p>18 they prepared to submit it in response.</p> <p>19 By Ms. Richardson:</p> <p>20 Q. And I think you may actually be</p> <p>21 referring to the interrogatories at this point; is</p> <p>22 that correct?</p> <p>23 A. Possibly one of these documents.</p> <p>24 Q. And for reference, if you take a look at</p> <p>25 the document that's been marked as Exhibit No. 2 in</p>
<p style="text-align: right;">Page 274</p> <p>1 A. No.</p> <p>2 Q. And are you familiar with certain</p> <p>3 statistics that have been offered in press releases</p> <p>4 and also in documents in this litigation related to</p> <p>5 the total number of abortions that PPGOH provides in</p> <p>6 the State of Ohio?</p> <p>7 A. I don't know that number exactly.</p> <p>8 Q. Are you familiar with the fact that</p> <p>9 there's been a number offered?</p> <p>10 MR. WOLFSON: Objection.</p> <p>11 THE WITNESS: Yes. There are in some of</p> <p>12 these documents, yes.</p> <p>13 By Ms. Richardson:</p> <p>14 Q. And do you know how that number was</p> <p>15 calculated?</p> <p>16 A. I don't know for sure.</p> <p>17 Q. Do you know who calculated that number?</p> <p>18 A. I don't know for sure.</p> <p>19 Q. Do you know whether it was someone with</p> <p>20 PPGOH who calculated that number?</p> <p>21 A. The number that's in the complaint</p> <p>22 you're talking about?</p> <p>23 Q. Correct.</p> <p>24 A. I believe they are submitted to the</p> <p>25 State, so I don't know who in the department would</p>	<p style="text-align: right;">Page 276</p> <p>1 front of you. And I'll represent that those are the</p> <p>2 interrogatory responses that you provided through</p> <p>3 counsel in response to our interrogatories.</p> <p>4 A. Okay. So is this what you're talking</p> <p>5 about?</p> <p>6 Q. Is this the document that you were just</p> <p>7 describing?</p> <p>8 A. Yes.</p> <p>9 Q. And were you personally involved in</p> <p>10 preparing these answers?</p> <p>11 A. No, but I would work with the staff who</p> <p>12 were preparing the answers. So I didn't calculate</p> <p>13 the numbers, no.</p> <p>14 Q. And did I understand correctly that you</p> <p>15 did review some data that is described in these</p> <p>16 interrogatory responses?</p> <p>17 A. Yes.</p> <p>18 Q. And do you recall specifically what</p> <p>19 types of data you would have reviewed?</p> <p>20 A. Data related to our involvement, the</p> <p>21 number of centers where we performed at the --</p> <p>22 whether or not how many -- what would I call them,</p> <p>23 procedures, breast cancer, how many patients we</p> <p>24 serve, that type of data.</p> <p>25 Q. And did you personally make any effort</p>

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1 to verify those numbers, or did you just review the
2 fact that they had been submitted by various other
3 staff members?

4 A. I relied on the integrity of the
5 managers, yeah.

6 Q. And have you had any other role in
7 preparing documents that have been submitted in this
8 case?

9 A. No, not developing any data, no.

10 MS. RICHARDSON: I may be done. I don't
11 want to get your hopes up quite yet, but if we can
12 take just a five-minute break, I'm either done on
13 very close to being done.

14 (Recess taken.)

15 MS. RICHARDSON: Ms. Harvey, I have to
16 further questions at this time.

17 MR. WOLFSON: And I have nothing further
18 either.

19 (Thereupon, the deposition concluded
20 at 5:27 p m. Signature not waived.)

21 ---
22
23
24
25

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1 CERTIFICATE

2 State of Ohio :
3 : SS:

4 County of Fairfield :

5 I, Valerie J. Grubaugh, Registered Merit
6 Reporter and Notary Public in and for the State of
7 Ohio, duly commissioned and qualified, certify that
8 the within named Diego Espino, Barbara Singhaus, and
9 Iris Harvey was by me duly sworn to testify to the
10 whole truth in the cause aforesaid; that the
11 testimony was taken down by me in stenotype in the
12 presence of said witness, afterwards transcribed upon
13 a computer; that the foregoing is a true and correct
14 transcript of the testimony given by said witness
15 taken at the time and place in the foregoing caption
16 specified and completed without adjournment
17

18 I certify that I am not a relative,
19 employee, or attorney of any of the parties hereto,
20 or of any attorney or counsel employed by the
21 parties, or financially interested in the action

22 IN WITNESS WHEREOF, I have hereunto set
23 my hand and affixed my seal of office at Columbus,
24 Ohio, on this 11th day of July, 2016
25

Valerie J. Grubaugh,
Registered Merit Reporter
and Notary Public in and for
the State of Ohio

My commission expires April 16, 2016

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1 State of Ohio :
2 : SS:

3 County of :
4

5 We, Diego Espino, Barbara Singhaus, and
6 Iris Harvey, do hereby certify that we have read the
7 foregoing transcript of my deposition given on
8 Friday, July 8th, 2016; that together with the
9 correction page attached hereto noting changes in
10 form or substance, if any, it is true and correct.
11
12

13 _____
14 Diego Espino

15 _____
16 Barbara Singhaus

17 _____
18 Iris Harvey
19

20 I do hereby certify that the foregoing
21 transcript of the deposition of Diego Espino, Barbara
22 Singhaus, and Iris Harvey was submitted to the
23 witnesses for reading and signing; that after they
24 had stated to the undersigned Notary Public that they
25 had read and examined their deposition, they signed
the same in my presence on the ____ day of
_____, 2016.

Notary Public

My commission expires _____, _____.
